

I. ADMINISTRATION AND SERVICE DELIVERY - OVERVIEW

Administering Agency for IV-B, CAPTA and Chafee

Missouri Department of Social Services
Children's Division
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Organized with the Department of Social Services (DSS), the Missouri's Children's Division (CD) is responsible for the Title IV-B Subpart I (Child Welfare Services), IV-B Subpart II (Promoting Safe and Stable Families), Title IV-E (Foster Care and Adoption Assistance), Child Abuse Prevention and Treatment Act (CAPTA), Chafee Foster Care Independence Program (CFCIP), and Chafee Education and Training Vouchers (ETV).

Program Improvement Plan

In January 2005, the division's finalized version of the Program Improvement Plan (PIP) was approved by the Administration for Children and Families. This two year term plan was developed in response to the federal Child and Family Services Review (CFSR) conducted December 2003. The PIP provides a framework for achieving systemic improvement in practice and ultimately improved outcomes for Missouri's children and families.

CD Mission and Principles

The mission of the CD has been affirmed as follows:

To partner with families, communities, and government to protect children from abuse and neglect and to assure safety, permanency and well being for Missouri's children.

The guiding principles for the CD are:

Partnership: Families, communities and government share the responsibility to create safe, nurturing environments for families to raise their children. Only through working together can better outcomes be achieved.

Practice: The family is the basic building block of society and is irreplaceable. Building on their strengths, families are empowered to identify and access services that support, preserve and strengthen their functioning.

Prevention: Families are supported through proactive, intentional activities that promote positive child development and prevent abuse and neglect.

Protection: Children have a right to be safe and live free from abuse and neglect.

Permanency: Children are entitled to enduring, nurturing relationships that provide a sense of family, stability and belonging.

Professionalism: Staff are valued, respected and supported throughout their career and in turn provide excellent service that values, respects and supports families.

Organizational Structure

The CD organizational structure is designed to focus on responsiveness, support and enhancing practice. We believe the CD has good policy and extremely dedicated employees. Our people are our strength. CD seeks to honor and respect our people by strengthening the supervisory support available, increase the number of frontline workers, increase our ability to respond, improve our communication flow and strengthen our quality improvement and assurance activities. The design focuses on creating strong personnel, communication, strategic planning, practice improvement, training, field support and quality assurance. Additionally, the structure places increased emphasis on building partnerships with communities to prevent child abuse and neglect.

The structure seeks to blur the lines between central office and field personnel in order to maximize our resources for supporting frontline activities. Central office staff and field staff are working more closely together through the Quality Assurance (QA) Unit and Practice Enhancement Teams (PET) to provide assistance and support to circuits. The QA Unit and the PET are available to support field staff as they conduct their daily activities and develop and implement plans to strengthen practice and improve outcomes.

The Division Director has statutory responsibility for supervising the overall administration of child welfare services in the state, while much of the day-to-day operation and coordination is delegated to other executive staff within the division.

The Human Resource and Constituent Services Section is led by a Designated Principal Assistant (DPA). The DPA has oversight for Human Resources, communications, constituent services, and legislative affairs. Proactive communication both internally and externally is the focus of the Human Resources and Constituent Services Section. The DPA position also offers additional support to the Director in issues requiring overall leadership and management across the division.

The Planning and Performance Section is led by a Deputy Director. A strong emphasis is given to strategic planning and the use of data to manage

performance improvement. The federal Child and Family Services Review Program Improvement Plan, and Accreditation planning are coordinated through strategic planning function. Additional functions included in this section are Policy and Contract Development, Information System Development (including SACWIS), Performance-Based Contract oversight, Quality Assurance, Interdepartmental Initiatives, Residential and Child Placing Agency Licensing, and Interstate Compact on the Placement of Children.

The Practice Development and Support Section is led by a Deputy Director. This section houses the functions of Program and Policy implementation, practice and program, Quality Improvement, Professional Development and Training, the Child Abuse and Neglect Hotline, and Background Screening. Technical Assistance, including Practice Enhancement Teams, is coordinated out of the Quality Improvement Unit.

The Early Childhood & Prevention Services Section, led by a Deputy Director, has four critical functions:

- Administration of the federal Child Care and Development Fund (CCDF) which encompasses enhancement activities. The purpose of the program is to assist families with the cost of child care services while they pursue activities that promote self-sufficiency and family stability.
- Administration of the Early Childhood Development Education and Care Fund (ECDECF) which is dedicated funding from the riverboat casino entrance fees. The ECDECF funds four early childhood programs targeting children from birth to age three.
- Oversight of prevention initiatives to reduce the risk of child abuse and neglect through early intervention and other activities.
- Administration of the Child Care Provider Relations Unit (CCPRU). This unit is a team of dedicated staff that provides intensive customer service and technical assistance to childcare providers requesting to participate in childcare subsidy reimbursements.

The Management Services Section, led by a Deputy Director, is a shared function with the Family Support Division (FSD). Management Services provides support for budget related functions, purchasing, contracting, payment processing, and facilities management.

Five Regional Directors serve on the executive team and report to the Division Director. The Northern, Southern, Jackson County, St. Louis County and St. Louis City Regional Directors with assistance from the field support managers oversee and administer CD activities in their various geographic locations.

II. Service Description for Child Welfare Services

- **Report on the specific accomplishments and progress achieved in the past fiscal year toward meeting each goal and objective including improved outcomes for children and families and a more comprehensive, coordinated, effective child and family services continuum.**

A. Child Abuse and Neglect Prevention, Intervention, and Treatment Services

Child Abuse and Neglect Hotline

Missouri statute specifically charges the CD with the responsibility of operating a single, statewide toll-free telephone number at all times for receiving reports of child abuse and neglect (CA/N). Since August 15, 1975, the CA/N Hotline has been accepting calls 24 hours a day, 7 days a week. During Fiscal Year (FY) 2005, the Hotline received over 107,000 calls. It is staffed by employees who interview reporters, classify and prioritize calls to assure child safety, and then refer these concerns of abuse and neglect to the field office where the child is located. Of the over 107,000 calls received, 53 percent were classified as child abuse/neglect reports; 31 percent were classified as non CA/N referrals. Another 16 percent did not meet criteria for the above and were “documented”. Many of these did not have the necessary information to be classified as a CA/N report and non-CA/N referral. They are documented, and in the event more information is received later, they can then be considered for reclassification.

The interpretation of Missouri’s child abuse and neglect statutes can be complicated, thus Structured Decision Making (SDM) tools and philosophy have been implemented as recent improvements to the Child Abuse/Neglect Hotline Unit (CANHU) system and protocol. In 2004 the SDM and Call Management Protocols were incorporated into the CA/N Hotline Process and workers were trained. As required by the program improvement implementation, field staff was instructed to review 10 percent of CA/N cases using the SDM review tool. Review results were evaluated and imminent needs for training were identified and provided. During June 2005 these Hotline protocols were automated and a supervisory tool was developed to assess quality.

Child Abuse/Neglect Reports

As established by Missouri law, many professionals who work with children and families are identified as *mandated reporters* of child abuse and neglect. *Mandated reporters* accounted for 50 percent of CA/N

reports in Calendar Year (CY) 2005. All other reporters are considered *permissive reporters*. Permissive reporters may report when they have reasonable cause to suspect that a child has been or may be subjected to abuse or neglect or when they observe a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect. *Permissive reporters* accounted for 35.9 percent. These figures for permissive reporters do not include anonymous reporter figures.

There were 54,108 CA/N reports made involving 80,577 children. Victims were found to have been neglected in 47.8 percent. Physical abuse was determined in 25.3 percent. Sexual maltreatment was determined in 24.1 percent.

In CY 2005, 60.4 percent of children in substantiated CA/N reports were abused and or neglected by one or both (biological/adoptive) parents. Other relatives, such as stepparent, grandparent, or sibling, were responsible in 12.7 percent of these cases. In 5.3 percent of these cases the perpetrators were of an unknown relationship to the child.

As part of the PIP, in an effort to address Safety Outcome S1: *Timeliness of initialing investigations of reports of child maltreatments*, CD clarified policy regarding timeliness of initiating reports. Policy clarified the definition of “initiating” reports and who can be considered as part of a multi-disciplinary team. In addition, data system entry guidelines were either developed or clarified. Improved timeliness of initial contact was monitored locally and improvement plans developed as needed. The agreed upon goal of 80.4 percent was met during the third quarter PIP (August-October 2005).

The national standard for CA/N recidivism is 6.1 percent or less. Missouri’s performance at the time of the CSFR was 8.3 percent. Based on the federal formula for goal setting, the agreed upon goal to achieve is 7.4 percent. The CD has developed several strategies to ensure consistent and accurate completion of the SDM Safety and Risk Assessment. The current performance for this measure after five PIP quarters is 4.8 percent.

The National Standard for incidences of CA/N in foster care is .57 percent or less. The CD passed this data measure during the CFSR and has continuously maintained the goal of reduced incidence of CA/N in foster care. Average performance of this measure during FY 2005 was .39 percent. The following strategies were developed to address such occurrences:

- Implemented a process and strengthened policies to address safety at and throughout placement.

- Strengthened policy and practice relating to chronic neglect and accumulation of harm.
- PET teams assist circuits in developing local improvement strategies.
- Conduct a pilot in a selected circuit to address chronic neglect and accumulation of harm.
- Developed performance based contracts for foster parents.

CA/N Investigations/Family Assessments

The underlying principle of Missouri's Child Protective Services (CPS) is that children and their families coming to the attention of the CD have different intervention needs and require flexible responses from CD and the community in order to protect children and meet the needs of their family. The primary goals of the CPS system are to: (1) ensure the protection of children from abuse or neglect; and, (2) provide this protection to the child and family in the most efficient manner possible by collaborating with and better utilizing state, community and family resources.

Senate Bill 961 established the expansion of the flexible child protective services response. This approach was designed to focus the investigation efforts of CD and law enforcement on cases that would be a violation of law. An Investigation is a classification of response by the CD to a report of abuse or neglect, based upon structured decision making protocols, and based upon the reported risk and injury to the child, where the acts of the alleged perpetrator, if confirmed, are criminal violations and/or where the action/inaction of the alleged perpetrator may not be criminal, but which if continued, would lead to the removal of the child or the alleged perpetrator from the home. Investigations are completed jointly with all co-investigators to gather/obtain relevant data and evidence. In 2005, 10.7 percent of CA/N reports were substantiated and 25.5 percent were unsubstantiated. Preventive services were indicated in 4.5 percent of the unsubstantiated findings.

A Family Assessment is a classification of response to a child abuse or neglect report for allegations of mild, moderate, or first-time non-criminal allegations of abuse or neglect. These will include reports where a law enforcement co-investigation does not appear necessary to ensure the safety of the child. The Family Assessment process will address the reported concern alleged in the hotline report and take into account the family's situation as a whole. During this process the worker will engage and empower the family to the fullest extent possible, provided the child's safety is not jeopardized. The worker will consult their supervisor to assure their action plan protects the family's right to self-determination as much as possible.

Families who are investigated and those who receive a Family Assessment are entitled to prompt and effective delivery of services in order to address their individual child/family needs. In 2005, 57.5 percent of the CA/N reports were screened as Family Assessments.

The above CA/N report or Family Assessment definitions are not applicable on some cases, including Unable to Locate; Inappropriate Report; Located out of State; and Home Schooling. These miscellaneous determination approximately 6.3 percents of the CA/N reports.

The CFSR found the agency had not consistently assessed the needs of and made provision for services for children and their families. One problem included incomplete assessments. Several strategies were developed to improve performance, in reaching the target goal of 90.3 percent, for providing services to families to protect children in the home and prevent removal:

- Improve family assessment and case plan tools to better link service provision to the needs of the family identified in the initial and ongoing assessments; include a mechanism for family self-assessment and identified areas specifically related to child safety and risk concerns.
- Strengthen worker/supervisor skills in engaging families in the assessment, case planning and case plan review process to increase parent, caregiver (alternative care provider) and child involvement in case assessment, plan development and reassessment.
- Improve supervisory capacity to monitor enhanced practice relating to case planning.
- Establish procedures to access various service funding streams.
- Develop state comprehensive children's mental health plan to increase level of cooperation between court, mental health, child welfare and families.

Structured Decision Making

The purpose of Structured Decision Making (SDM) is to assist staff in assessing risk, target services to children and families who are the greatest risk of maltreatment, and to improve outcomes for children and families such as reducing subsequent harm. Using prompts from SDM tools, workers are able to make more consistent and reliable decisions in regard to services aimed at alleviating the abuse and neglect situations in families that are at a "high" risk of causing future harm to their children. Early identification of risk factors allows workers to develop strategies that aim at the prevention of future occurrences of child maltreatment within the family.

SDM tools feature questions that also help the worker identify critical decisions about the family, and provide a consistent set of factors for each decision point in the process. Each factor is defined so that there is less chance for varied interpretations. The end result is a process that provides consistent decision making using the state child abuse and neglect statutes and nationally accepted practice standards that assure the most accurate and appropriate response the families in need.

Preventive Services/Non-CA/N Referrals

While 53 percent of the child abuse/neglect reports received met statutory requirements for child abuse and neglect, approximately 31 percent of the calls did not meet the criteria and were accepted as non-CA/N referrals including: Mandated Reporter Referrals, Non-Caretaker Referrals, Newborn Crisis Assessment Referrals, Preventive Services Referrals and Non-Child Abuse and Neglect (CA/N) Fatalities. Approximately 24 percent of these referrals were forwarded for Preventive Services.

With limited resources at its disposal, the CD is making every effort to focus attention and resources on its core functions. Investigations and assessments for child abuse and neglect are the division's top priority and field staff must be available to work with families in which child abuse and neglect is occurring. The division is in the process of revising policy relating to non-CA/N referrals.

The policy revision under planning is a concerted effort to better address the core functions and statutory mandates of the division with its existing available resources. These calls would no longer be dispatched to the local offices for follow-up. Rather, the call would be screened at the hotline to determine if it meets the criteria for a CA/N report, and if not, the caller will be redirected to more appropriate local resources which may better address the caller's concerns. A proposed plan for information dissemination on practice changes has been shared with CD's Regional Directors and members of the Children's Justice Task Force. This policy revision is intended to be in effect by November 2006. The non-caretaker referrals will not be included in this practice change at this time, due to further discussions needed with CD Administration, the Office of State Court Administrators and the Missouri Juvenile Justice Association.

Newborn Crisis Assessment and Services

Pursuant to Chapter 191 RSMo, the Division must respond to calls to the child abuse/neglect hotline in which a home assessment is requested by a physician or other medical personnel when they have serious reservations about releasing an infant from the hospital who may be sent

home to a potentially dangerous situation. There may also be other non-drug related situations in which a physician/health care provider is concerned about releasing a newborn infant from the hospital. Non-drug involved referrals will be accepted until the child is one year of age.

During March 2006, staff was introduced to the Newborn Crisis Assessment Tool (NCAT) and instructions. The NCAT was derived from a tool first developed in Jackson County and later revised in the greater St. Louis area to assess mothers and families in which a child has been born drug exposed.

After the family has been contacted and assessed, CD staff makes a referral to the local DHSS/Special Health Care Needs (SHCN) Regional Office for service coordination. In situations in which there are documented concerns that the child is “at risk of abuse/neglect”, CD is mandated to provide services. Services will be offered to the family when the above SHCN referral criteria are present and a physician has referred the case for services (191.739, RSMo).

There were 2,341 Newborn Crisis Assessments during FY 05, an increase from 2,033 in FY 04 and 1,799 from FY 03. This increase is attributed to the number of infants born drug exposed.

Out of Home Investigations

The Out of Home Investigations (OHI) Unit functions to investigate referrals alleging child abuse and neglect in child caring facilities. These facilities include licensed foster homes, licensed and license exempt and accredited residential treatment centers, licensed and license exempt day care providers and public and private schools.

While the OHI Unit has no direct regulatory responsibility or administrative authority over any of the entities it investigates, it does share investigative information with those responsible for regulating the particular child caring facility being investigated. Below are examples of when this might occur:

- During an investigation of a licensed residential treatment center, information is shared with the state Residential Program Unit that licenses and regulates residential treatment centers.
- During an investigation in a school, information is shared with the superintendent of schools and the school board.
- During an investigation of a licensed day care facility, information is shared with the Bureau of Health Care that licenses and regulates daycare facilities.
- During a foster home investigation, information is shared with other CD staff that license and regulate licensed foster homes.

State Technical Assistance Team

The State Technical Assistance Team (STAT) was established to assist in child abuse/neglect, child sexual abuse, child exploitation and pornography, child fatality, and other child-related investigations at the request of the department, law enforcement, or other child protection agencies. STAT is responsible for managing the Missouri's Child Fatality Review Program (CFRP), to include training and support for the 115 county-based, multidisciplinary CFRP panels, as well as collecting data to identify trends, patterns and spikes to facilitate the development of prevention strategies.

STAT is not based in the CD, but rather is supervised by the Deputy Director of the DSS. It is available 24-hours a day to respond to requests for assistance. STAT's investigative responsibilities are considerably different than those of the CD. STAT investigates about 200 cases annually. Of those, almost 75 percent are sexual abuse or exploitation related. Because of the tremendous growth of consumer availability to inexpensive, high-tech electronic imaging equipment, there has been a significant growth in the number of "cross over" cases (sexual abuse cases that also involve cameras, computers and other digital media). These complex cases require an ever-increasing amount of time and resources.

This multidisciplinary approach has proven to be a key link in the investigation and evaluation of child fatalities, which ultimately leads to meaningful prevention strategies.

Background Screening and Investigation Unit

The Background Screening and Investigation Unit (BSIU) conduct checks through the Child Abuse and Neglect (CA/N) systems in the CD. These checks are on current or prospective employees/volunteers who have responsibility for child care/supervision.

The purpose of the unit is to provide information to a prospective employee so that the employer/volunteer agency can assess if the person is appropriate to be caring for children. BSIU staff is also responsible for processing applicant cards and communicating the responses from the Missouri State Highway Patrol and the FBI back to the appropriate offices. During 2005, BSIU processed 139,744 screenings.

After the CFSR, policy was enhanced on background screening for foster/kinship and court ordered providers and incorporated into on-going training for staff and foster parents.

Sexual Assault Forensic Examination (SAFE)-Child Abuse Resource and Education (CARE) Network

The SAFE-CARE Network is a group of medical providers throughout the state committed to the comprehensive and competent examination of child victims of sexual and physical abuse. The Network was formed through the cooperative efforts of the CD and the Department of Health and Senior Services (DHSS). Physicians are recruited by both agencies. The SAFE-CARE Advisory Council membership consists of physicians, nurse practitioners, a CD liaison, and the Director of the Missouri Network of Child Advocacy Centers. The Advisory Council addresses concerns of the Network and assists in the improvement and consistency of services provided to Missouri's abused children. The DHSS provides primary oversight and coordination of the SAFE-CARE Network, in collaboration with the CD. In State Fiscal Year (SFY)-05, the Network consisted of 115 active participants who conducted 3,315 examinations.

Child Assessment Centers

Child Assessment Centers (CACs) are neutral, child-focused facilities where joint forensic interviews and a medical examination may be conducted with children in appropriate cases of suspected child sexual abuse and physical abuse.

Multidisciplinary members have a place to collaborate regarding investigative or treatment needs of the child and family from the report of the abuse through disposition of the case. The cooperation of the multidisciplinary team helps to prevent trauma to the child and non-offending family members caused by multiple contacts with different community professionals. During FY '05, the CACs conducted 5,365 forensic interviews of children.

Healthy Children and Youth Program

The Early Periodic Screening, Diagnosis and Treatment (EPSDT) program was renamed the Healthy, Children and Youth (HCY) Program in Missouri. The HCY program provides services for eligible children and youth, age 0-20 years and expands the range of services that are available to children under Medicaid coverage. The HCY program provides all Medicaid/MC+ eligible children with appropriate full health screens and subsequent treatment for identified health problems. Components of a full health screen are: physical examinations, anticipatory guidance, laboratory tests, immunizations, lead screening, development/personal social/language, fine/gross motor, hearing, vision, and dental. A full screen may be provided by a Medicaid/MC+ enrolled physician, a nurse practitioner or nurse midwife when it is within their scope of practice. Partial and inter-periodic screenings are available from a wide range of health care professionals.

Child Care

CD staff at the local level remains responsible for authorizing Protective Services Child Care. This program, one of the purchased Children's Treatment Services, provides child care for foster children and families where abuse or neglect is a concern and child care for the children are part of a treatment plan.

Crisis Nursery

Crisis nursery facilities provide short-term emergency shelter services for children, age birth to 18 years, whose families are experiencing a crisis situation in which the children are at risk of abuse or neglect. Parents and guardians may bring their children to the facilities for care, where they are provided developmental screenings, counseling, and other ancillary services. There is a 30-day limit, per child, per rolling calendar year for parents or guardians utilizing this crisis service. Fourteen sites throughout the state were operational in SFY-05.

The CD has made a request to the Office of Administration to extend the current crisis nursery contract. The requested extension will provide the CD an opportunity to thoroughly review the efficiency and effectiveness of the current contract, re-write a contract, bid and award the new contract.

In FY 05, 2,369 children were served by the Crisis Nursery program. The program is a vital service that provides emergency shelter for children and families who are experiencing a crisis situation in which the children are risk of abuse or neglect.

School Based Service Workers

The CD is committed to close collaboration with schools. CD has based Children's Services workers in many schools throughout the state to provide early intervention and prevention services. The service worker provides a vital link to the community by offering early service intervention to families whose children have been identified as being at risk of familial, social, and/or educational difficulties. CD staff assists the schools to promote healthy emotional development through the provision of Family-Centered Services. This on-site availability serves to prevent further child abuse and neglect referral, juvenile court involvement, and the potential for out-of-home care.

A second collaborative effort exists through the School Based Service Worker Grant Program. This grant is available to all school districts in the State of Missouri. This grant provides partial funding towards a salary package for the School Based Service Worker. The school applies for the grant by writing a proposal that includes their rationale of the

position, job descriptor, salary information, and demographics of the school. The basic philosophy for the school-based service worker's role is the early identification and intervention of children at risk of child abuse and neglect. There are up to 100 slots allocated statewide for this program based on Federal Appropriations, with a maximum contribution per position by the CD of \$12,049.80. The service worker is an employee of the school district and CD pays 35 percent of the salary. The Division provides basic child abuse and neglect training to new hires, and provides the school district technical support.

In years past, school based service workers reported their activities through a non-identifying tally type of reporting form, based on the number of children or families seen, as well as by the type of activity. This data is useful for monitoring compliance and general activities of the school based workers. However, while the Division has continued to receive these aggregate figures for each School District, this data has not proven to be the most effective measure of successful outcomes due to the inability of the Division to track specific individuals due to provisions of the Family Educational Rights and Privacy Act (FERPA). Therefore, the Division is currently revising the contract requirements as well as the reporting form, to require School Based Service Workers to internally track outcomes for specific individuals and to report their findings to the Division, in a manner that is compliant with FERPA. It is expected that the new contract requirements and reporting process will begin with the 2006-07 school year.

Legislation Impacting Child Welfare

During the 2005 legislative session several bills were passed impacting child protection. House Bill 568, Senate Bill 155 and Senate Bill 420 were signed into law by Governor Blunt and the changes became effective on August 28, 2005.

SB 155 - The act modifies reporting requirements for child abuse and neglect. There are provisions for the division of family services to expunge the information from reports against mandatory reporters when the report was found to be malicious, for purposes of harassment, or in retaliation. Such information shall be expunged forty-five days after the conclusion of the investigation. The same expungement requirements shall apply to all other reports filed.

For reports filed by a mandatory reporter, where insufficient evidence of abuse or neglect is found by the division, the identifying information shall be retained for five years from the conclusion of the investigation. For all other reports where insufficient evidence of abuse or neglect is found by the division, identifying information shall be retained for two years from the conclusion of the investigation. At the end of the

respective time period, the information shall be removed from the division and destroyed.

If a minor abuses another child, that minor cannot return to or reside in any residence within 1000 feet of the residence of the abused child, or any child care facility or school the abused child attends until the abused child is eighteen years old. These provisions do not apply if the abuse is between siblings.

HB 568 - This bill changes the laws regarding the protection of minors.

Child Custody and Visitation

The bill:

1. Clarifies the provision prohibiting a child under the care of the state or the jurisdiction of a juvenile court from being reunited with a parent or being placed back in the home with a parent who has been found guilty or plead guilty to specific crimes of sexual offenses or offenses against the family when a child was the victim;
2. Clarifies the provision allowing the CD to exercise discretion in awarding custody or visitation or the placing of a child back in the home of a parent, or any person residing in the home, who has been found guilty or plead guilty to any other offense;
3. Removes when a parent has had a full order of protection entered against them from the list of conditions preventing a child from being returned to a parent;
4. Clarifies the provision prohibiting a court from awarding custody or unsupervised visitation to a parent when that parent has been found guilty or plead guilty to specific crimes of sexual offenses or offenses against the family when a child was the victim;
5. Clarifies the provision prohibiting a court from granting visitation rights to the non-custodial parent if that parent or any person residing with the parent has been found guilty or plead guilty to specific crimes of sexual offenses or offenses against the family when a child was the victim;
6. Clarifies the provision prohibiting a court from modifying an order granting or denying visitation rights if a parent or any person residing with the parent has been found guilty or plead guilty to specific crimes of sexual offenses or offenses against the family when a child was the victim; and
7. Allows a court to appoint a Guardian ad Litem in any proceeding alleging child abuse or neglect.

Assessment and Treatment Services for Children

The Children's Division will recognize and treat the needs of at-risk and abused or neglected children under the age of 10. Within 30 days of a child's entry into state custody and every six months thereafter as long

as the child remains in custody, the division may conduct physical, developmental, and mental health screenings. Children whose screenings indicate an area of concern may conduct a comprehensive health, psycho-diagnostic, or developmental assessment within 60 days of entry into custody.

SB 420 - Modifies numerous provisions regarding judicial procedures and personnel.

Private Children Services Liability - 210.116 - A private contractor with the Children's Division that provides services to children and their families will receive the same immunity from civil liability as the division. The immunity will not apply to a private contractor if the contractor knowingly violates policies or rules of the division or any state law relating to child abuse. This provision is similar to SB 376 (2005).

Child Protection - 210.117, 211.038 and 211.181 - This act prohibits a child, who has been taken into the custody of the state or the jurisdiction of a juvenile court, from being reunited with a parent or being placed back in the home in which the parent or any person living in the home has been found guilty or plead guilty to certain sexual offenses or offenses against the family when a child was the victim. The Child Support Division may exercise discretion in the placement of a child in a home with a parent when the parent or person living in the home has been found guilty or plead guilty for similar offenses in another state. A juvenile court cannot place a juvenile sex offender in a home within 1000 feet of the victim until the victim reaches 18 years of age. The act prohibits a minor from residing within a certain distance of a child abused by the minor. These provisions are similar to HB 568 (2005).

Safe Place for Newborns - 210.950 - Extends the affirmative defense to prosecution for voluntary relinquishment of a child no more than one year old. Currently, the child must be between six and thirty days old.

CD will continue to collaborate with OSCA to propose legislation to ensure consistency with the Adoption and Safe Families Act requirements.

B. Foster Care

Family-Centered Out-of-Home Care (FCOOHC) approach is designed as a strengths-based family-centered approach to providing services when it becomes necessary to remove children from their homes to assure safety. Services build upon family strengths and community support to expedite permanency for these children.

The program goals are to achieve safety, permanency and well being for children in a timely manner, and by doing so, reduce the number of placements and length of time children must remain in care. The CD has several strategies to address stability in foster care, one of the six national indicators. We are working diligently to reach the agreed upon goal of 80.5 percent through the following strategies including, but not limited to:

- Coding changes were made in the CD's Legacy information system to accurately track placement types.
- Diligent search procedures were developed to search for missing parents or relatives.
- Expanded the use of the Family Support Team (FST) and provided additional trainings to promote stability by requiring a FST meeting prior to child's placement change.
- Identified resource family types and shortages and increased the number of resource families through resource and recruitment and performance-based contracts.
- Developed a placement matching tool to increase placement stability.
- Evaluated supports and training for relative and kinship providers.

The CD's guiding principle for permanency is *"Children are entitled to enduring, nurturing relationships that provide a sense of family, stability and belonging."* Guided by this definition and to engage in the practice of permanency planning, the CD has taken steps to improve permanency outcomes for children in foster care including:

- Enhanced policy to ensure the frequency and timeliness of Family Support Team (FST) meetings occur.
- Identified and trained expert facilitators to improve the quality of the meetings.
- Clarified that concurrent planning can achieving permanency for children sooner, but it requires both the identification and implementation of an alternative permanency plan at the onset.
- Continued to collaborate with the Office of State Courts Administrator to explore barrier to permanency and to provide cross training to both judiciary and CD staff.
- Increased the number of siblings placed together by requiring a FST prior to separating and a supervisory review after siblings have been separated after 30 days.
- Developed an ongoing training module to emphasize the importance of sibling bonds, the long term effects of separation, and importance of visitation.

- Increased the capacity for resource families that accept sibling groups through recruitment and retention activities.
- Increased the frequency and quality of parent/child and sibling visits.
- Developed a state plan to address increased emphasis on preserving familial and community connections for children.
- Improved the diligent search for relatives or missing/non-custodian parents and engage them in the permanency planning process.

The FCOOHC practice is also designed to reduce the number of children who re-enter foster care.

- The numbers of children in the CD's legal custody in FY 05 was 17,124.
- The average length of stay for children in out of home care at the time of their exit was 19.8 months during FY 05.
- The number of children who re-entered foster care in FY 05, 12 months following the last exit was 1,452 or 10.38 percent of the total children entering foster care.
- The children who were served and had been in foster care less than 12 months from the time of the latest removal from the home, 77.2 percent have had no more than two placements.

The CD passed the foster care re-entry indicator during the Child and Family Services Review in December 2003.

The following provides information on children in custody during FY 05 by race and Hispanic origin. There were 11,466 Caucasian children, constituting 67 percent of the child in custody. There were 4,974 African American children equaling 29 percent. Four hundred twenty-nine, or 2.5 percent, of the children were Hispanic. Sixty-seven or, .39 percent, of the children was Native American. Thirty-one, or .18 percent, was Asian and 157 children or just a little less than one percent were not identified as falling in the above race categories.

The following table provides information on the age and gender of children in out-of-home care during FY 05.

AGE:	0-2	3-5	6-8	9-11	12-14	15+	FEMALE	MALE
NO:	2,653	2,516	2,171	2,038	2,750	4,996	8,535	8,589
%	15.5%	14.7%	12.7%	11.9%	16.0%	29.2%	49.8%	50.2%

Of the 17,124 children in CD legal custody during FY 2005:

- 7,528 were in CD foster homes;

- 2,304 were in residential care;
- 2,651 were in placement in relative/kinship homes;
- 719 were in independent living and transitional arrangements;
- 314 were in a mental health facility or hospital;
- 534 were in detention, runaway status, or miscellaneous placement types.
- 524 were in adoptive homes;
- 30 were in legal guardianship;
- 2,520 were in court order placements

Foster STARS/Adopt STARS Program

Foster STARS/Adopt STARS (Specialized Training Assessment Resources and Support/Skills) is a comprehensive recruitment/training/assessment program. STARS is based on the premise that children entering out-of-home care have the right to be cared for by a placement provider who has been properly trained and possesses the skills and competencies necessary to meet the child's needs for safety and security, while continuing family relationships and working toward permanency. The competency categories for foster parents include:

- Protecting and nurturing;
- Meeting developmental needs and addressing developmental delays;
- Supporting relationships between children and their birth families;
- Connecting children to safe, nurturing relationships intended to last a lifetime; and,
- Working as a member of a professional team;

Adoptive parent competency categories include:

- Knowing how adoptive families are unique;
- Understanding the importance of separation, loss and grief in the adoption process;
- Understanding attachment and its importance in the adoption process;
- Anticipating and managing challenges as an adoptive family; and,
- Making a lifelong commitment to a child.

The required 27 hours of pre-service training and the curriculum used remain unchanged.

Effective January 2004, resource families were required to submit fingerprints for the purpose of state and federal criminal record checks; this requirement is to be completed at the time of application and re-licensure. The Missouri State Highway Patrol (MSHP) awarded a contract

for electronic scanning of fingerprints to *Identix Identification Services* in June 2005. This contract made electronic fingerprint scanning available across the state. The CD began utilizing this service in July 2005. This is the primary method used by the Division to obtain fingerprints, although, the card and ink method is still utilized in some instances. The electronic scanning service has resulted in a decrease in the time required to receive results from a high of 16 weeks to the current 2 weeks; the outcome being a faster turnaround time in getting new foster homes licensed.

Family Foster Care

The role of a foster parent has evolved from that of a temporary caregiver to being a valued and essential part of a professional team determining the best permanency plan for a child. Foster parents are critical to improving outcomes for children in foster care.

Foster family homes are assessed and licensed by staff at the local level. New foster parents are required to undergo a minimum of 27 hours of competency based pre-service training and assessment to help prepare them for the various aspects of foster parenting. In-service training is ongoing and at least 30 hours are required every two years. Foster parent trainings are provided at the local county level by CD staff, "Teaching Foster Parents", and/or other professionals who are contracted for this purpose.

As of February 2006, the Division had 3,333 licensed foster homes. Foster parents are given monthly financial payments designed to cover maintenance expenses for each child such as food, clothing, toiletries, etc. The current maintenance and annual clothing allowance rates have not changed since.

Specialized Foster Care

The CD also administers a Specialized Foster Care Program, which addresses the needs of two distinct groups of children who might otherwise require institutional care, in order to meet their needs. The Medical Foster Care (MFC) Program provides care and treatment to foster children with acute medical problems or severe physical/mental disabilities. The intent of this program is to assure that a child is cared for in the most appropriate and least restrictive setting. The medical foster parent is licensed as a "traditional" foster parent, but receives child specific training and instruction by the medical and mental health professionals attending the child. This training is in addition to required training for foster parents. The CD has 600 active medical foster homes. As of February 28, 2006, 141 children were being served in the MFC program.

Behavioral Foster Care (BFC) is a specialized foster family placement program designed for children suffering moderate to severe behavior problems. These children require a family setting that can provide greater structure and supervision than normal. These Children have experienced multiple placements due to their behavior. A goal of the BFC program is to provide children with moderate to severe behavior problems with an individualized, consistent, structured family setting in which they can learn to control behaviors which prohibit their ability to function in a normal home setting and in society.

BFC foster parents are licensed as "traditional" foster parents and have received specific training to enable them to work with a child needing this level of care. The number of children placed within their homes is restricted to allow more individual time for BFC children. The Division has 615 active homes that have been approved to provide BFC. As of February 28, 2006, there were 609 children in this type of placement.

Career Foster Parent Program

The Career Foster Parent (CFP) Program was developed as a result of an influx of children with increasingly diverse and complex needs which were not appropriately met through existing out-of-home care placement resources. These children were experiencing multiple placements in an attempt to locate an appropriate placement for them. This program is responsive to the needs of children who previously have been hospitalized, placed in highly structured setting, and/or experienced multiple placements.

A Career Foster Family placement is utilized to meet the needs of children with serious emotional and behavior problems who qualify for the Career Foster Care (CFC) program. This resource provides intensive individualized intervention in a family and community-based setting to prevent unnecessary and inappropriate placements of children in highly structured environments. Like medical and behavioral foster parents, career foster parents are licensed as "traditional" foster parents, but have acquired the knowledge and skills necessary to serve as the primary change agent for children placed in their care.

In SFY 2005, 462 children were placed in Career homes. While a formal evaluation has not been completed, we would contend that the effectiveness of this type of therapeutic can be gauged by placement stability. If a child is able to maintain their placement until exit to a more permanent setting we would consider this a success outcome for the child.

Family to Family

CD's St. Louis City Office entered into a grant and technical assistance agreement with the Annie E. Casey Foundation Family to Family in 2002. The *Family to Family* Initiative provides an opportunity for CD to develop a network of family foster care that is more neighborhood-based, culturally sensitive, and located primarily in the communities in which the children live. It reduces reliance on institutional or congregate care and reduced the lengths of stay for children in out-of-home care by reunify children with their families sooner.

The four core strategies of *Family-to-Family* are:

- *Recruitment, Training, and Support of Resource Families.* Finding and supporting local resources that can support children and families within their own neighborhoods and recruiting, training and supporting resource families and caregivers from the neighborhoods in which most of the children are coming into foster care.

St. Louis City has targeted a specific number of neighborhoods in which the largest portion of the foster care population is coming from. Efforts to share with those communities the data regarding their children have been effective at various community forums and meetings. The data is routinely connected to the CD mission, values and principles. Messages include "children belong in families", "keeping children within their neighborhoods and schools" as well as "first placement, best placement" has been several of the themes for recruitment of resource families. The focus for 2006 will be on older youth and their need for families.

- *Building Community Partnerships.* Partnering with both formal and informal community organizations to support families involved in child welfare and help to build stronger neighborhoods and stronger families.

St. Louis City has built on its years of work with Community Partnerships for Protecting Children and has focused more strategically to build meaningful partnerships within neighborhoods where children are being documented with the highest incidents of child abuse and neglect and where the largest numbers of out of home placements are occurring. New partnerships have grown from this targeted focus.

Most recently two contracts have been awarded to two community based agencies to host "visitation centers" for foster children. Both centers are within neighborhoods with high rates of foster care removals. Each center is accessible to families and offers a warm,

nurturing environment, outside of the government agency visitation area setting.

The Black Repertory Theatre has become a community partner and is offering to work with foster youth to share their stories through various art forms--drama, dance, music, and oration.

- *Family Team Decision-Making.* This type of FST meeting involves the birth family, foster parents, case managers, court partners but also includes a community member. The meetings are targeted to focus on all placement decisions and to ensure that a network of support is available for the child and the adults caring for them. These meetings differ from a FST meeting as they use a trained facilitator and strict protocol regarding decision making.

There has been a dramatic reduction in the number of children entering foster care in St. Louis City, partly due to Team Decision Making (TDM). An administrative data report developed by George Warren Brown School of Social Work at Washington University for the St. Louis City Family-to-Family Program provided data by targeted zip codes. The number of foster care entries in the target zip codes decreased from 242 in 2002 to 161 in 2004. Practice has been most successful in team meetings prior to placement into foster care. Efforts are now being focused upon holding TDM meetings for planned reunifications and every anticipated or emergency change of placement, including placement disruptions.

Community members with experience in the TDM process find it rewarding. It provides an avenue for them to understand and participate in the very serious and difficult recommendations process that a child protection worker must make in regards to child safety, permanency and well-being. The team also provides a recommendation to the court for consideration in regards to a child's placement.

- *Self-Evaluation:* The use of hard data linked to the Program Improvement Plan and child and family outcomes are utilized to provide a roadmap for agency decision making, note progress or the lack of progress. Rather than only looking at a point in time, longitudinal data provides a truer picture of what actually happens to children who enter the foster care system. CD is committed to reducing the number of children served in the most restrictive types of placements. Through Family to Family, St. Louis City has been able to reduce the number of children, ages ten years and under in congregate care by 80% over the past three years.

The same strategies are now being implemented for youth over the age of ten who are overrepresented in non-family care.

Many of the Family to Family outcomes mirror the outcomes measured within the Program Improvement Plan. They include the following:

- Decrease the length of stay in out of home placement
- Increase the number of planned reunifications
- Reduce the number of placement moves experienced by children in foster care
- Increase the number/proportion of siblings placed together
- Reduce the rate of children served away from their own families

As a result of a meeting with staff from Casey Family Program on January 31, 2006, CD is looking at replicating the positive outcomes of this program in other parts of the state. The division is planning to expand certain practice components of the Family-to-Family model, specifically team decision making, targeted resource development, and the use of data in making key decisions.

On January 24, 2006 Visitation Centers were opened. The visitation centers are a cooperative effort between Neighborhood Houses, Magnificent Center, and the CD-St. Louis City Office with funding provided by the Annie E. Casey Foundation.

Visitation Centers are a safe and neutral environment designed to encourage the reunification of families. Appropriate visitation between parents and children in foster care helps to nurture parent/child attachment, supports placement stability, and is instrumental with timely reunification of children with their parents. The visitation centers serve as a link between families involved in the foster care system, child welfare agencies, and the community.

Respite Care

Respite care is the provision of periodic and/or intermittent, temporary substitute care of children who are in the care and custody of CD, placed in a licensed foster home or in the home of a licensed relative. All respite care providers may attend regular foster parent training and any in-service training provided by the CD. In 2005, there were 442 Career respite providers and 2,735 other contracted respite providers. Some of these numbers may be duplicated due to some providers having both contracts.

This program is designed to provide caregivers relief from the stresses of the constant responsibilities of providing out-of-home care and to provide temporary relief from stressful or emergency situations. Respite enhances foster parent's capacity to cope with stress and creates greater optimism about the caregiver's ability to continue to provide care. It lessens burnout, leading to stability for children.

Purchased Services

The CD administers an extensive array of purchased services. These are purchased from local public and private providers. Contracted providers play a major role in extending services to client families throughout the state. Currently, approximately 2,000 children and their families are case managed by private providers. The case management contracts are designed to obtain permanency for children in out-of-home placements. They include performance measures related to safety, stability, and permanence. In addition, one provider manages children who are in or at risk of being in long-term residential placements. Intensive case management services are designed to stabilize the child.

The CD believes child welfare services can best be provided through a public/private partnership. While the roles have changed over time, public and private sectors have always been involved with child welfare. House Bill 1453 signed into law in August 2004 requires the CD to enter into contracts with qualified providers for the provision of comprehensive services for the child welfare population and requires contractors to be evaluated on objective, consistent, and performance-based criteria.

The Performance Based Case Management Services contract was awarded on June 1, 2005. This contract is being implemented in the St. Louis, Kansas City, and Springfield regions. Cases were referred in September 2005 and 1,950 cases were assigned. 1,260 cases were transferred to private contractors in St. Louis region (St. Louis City, St. Louis County, Jefferson, and St. Charles County); 480 cases in the Kansas City region (Jackson, Andrew/Buchanan, and Clay Counties); and 210 cases in Greene County.

CD contracted with the University of Missouri-Columbia (UMC) to assist in caseload assignment. Caseloads were equalized with regards to average age, race, sex, and length of time in care. UMC will complete an independent evaluation after one year of data has been gathered to include outcomes, barriers, successes, and provide recommendations for improvement. Outcomes related to permanency, safety and stability will be monitored on a quarterly basis.

Interdepartmental Initiative/Specialized Care Management Contract

The Interdepartmental Initiative for Children with Severe Needs (hereinafter referred to as "Initiative" began as a consortium of State of Missouri child-serving divisions from the Departments of Social Services, Mental Health, Health, and Elementary and Secondary Education. The Initiative represented the shared interests and objectives of these participating departments to meet the needs of children with severe behavioral health needs (and their families), across traditional interdepartmental boundaries.

The Initiative targeted those children with severe behavioral health needs likely to result in long-term residential care. These children present in the context of household instability and placement disruption resulting from the complex interaction of mental health, social, economic, and medical issues. These "high needs/high risk" children became the focus for the Initiative.

The Initiative was implemented on a pilot basis in four (4) counties of Eastern and eighteen (18) counties of Central Missouri, on March 1, 1999. Children have been referred to the Initiative through an Eastern and Central Interagency Team (IT) comprised of staff representing the participating divisions. At start-up, children were enrolled with the contracted Care Management Organization (CMO), Missouri Alliance for Children and Families (MACF) at a maximum rate of ten (10) children per region per month. The CMO is responsible for recruiting, developing, and contracting for a comprehensive array of community-based services and supports to meet the needs of Initiative children and their families. As of March 31, 2006, the Initiative has served over 1,200 children and families, with approximately 350 children and families currently being served.

The CMO continued to struggle with being able to recruit and maintain sufficient placement resources to allow children to transition from residential treatment settings to their own homes. As the Initiative ceased to be fully "interdepartmental" in nature, the CD has developed a replacement contract. The "Specialized Care Management" contract will continue to reflect an individualized, comprehensive and Family-Focused approach to meeting the needs of youth from the child welfare system who present with complex behavioral health issues. In mid-March 2006, the Office of Administration (OA) awarded the Specialized Care Management Contract to the current CMO – MACF. Children were served under the Initiative contract will be transitioned to the Specialized Care Management contract effective April 1, 2006.

Like the Initiative, the Specialized Care Management Contract is contract is crafted to address the needs of a discrete population of youth between the ages of 6 and 20, who have experienced increasingly more restrictive levels of care and multiple placement disruptions. This contract is capped at serving no more than 350 youth in care and custody and is designed to promote stability. The MACF provides intensive wraparound services and supports by ensuring a case management ratio of, at present, 1 to 8. The Specialized Care Management contract differs from the Interdepartmental Initiative in the following ways:

- There is no financial performance incentive or penalty included.
- It is child specific in that MACF is responsible for all case management functions.
- No longer is an enrolled child “locked-out” of Medicaid reimbursable behavioral health services.
- A 120 day post dis-enrollment measure of stability is present versus the previous 90 day.

Finally, contained in the Specialized Care Management contract are outcome objectives that relate to the three key domains of safety, permanency and stability, and child well being. This contract is valid for a 15 month period beginning April 1, 2006.

Comprehensive Children's Mental Health Services System

Stakeholders from the CFSR indicated there are insufficient mental health services to meet the needs of children in foster care and in-home services cases in many areas of the state. Stakeholders also noted the agency has difficulty obtaining psychological services and substance abuse treatment services for children through state mental health agencies. Specific concerns included a lack of qualified therapists who understand child abuse and neglect, services for dually diagnosed children and services for children with a diagnosis of mental retardation and developmental disabilities.

In an effort to meet the mental health needs of children several strategies were addressed in the PIP, including increasing the ability of CD staff and families to access available mental health resources; increase awareness of staff, foster parents and intact families regarding attachment and mental health issues. The agreed upon goal for meeting the mental health needs of children is 97.3 percent. The method of measurement used is V-19 of the Peer Record Review (PRR) results. The average performance after five PIP quarters is 96.6 percent.

In 2004 the passage of Senate Bill 1003 (the Children’s Mental Health Reform Act) directed the Department of Mental Health (DMH) to partner with other child serving agencies, both public and private, in developing

a plan for a “Comprehensive Children’s Mental Health Services System.” (Section 630.097 RSMo.)

Section 630.097 RSMo further called for the formation of a “Comprehensive System Management Team” (CSMT) to establish the system detailed by the plan. The existing state System of Care Team was deemed appropriate to fulfill such a function and has thus been so designated and re-named. The CSMT has formalized its structure with the adoption of by-laws and continues to meet once per month.

Section 630.097 RSMo further directed the CD to identify those children who have been placed in CD custody solely for the purpose of accessing needed mental health services and where there has been no parental abuse or neglect. In such instances, the statute allowed the court to restore custody to the parent while the CD continues to fund any treatment the child was in the midst of receiving. From a statewide total of 104 children identified by CD staff as meeting SB 1003 criteria, as of July 1, 2005, custody had been returned in 38 cases.

In addition to looking at children who may have entered the child welfare system due to mental health reasons, a statewide protocol was implemented to prevent such placements. The mutual goals inherent in both the Custody Diversion Protocol and the Voluntary Placement Agreement adopted in policy in February of 2005 have had both a significant and positive impact on diverting children from coming into the care of the CD solely to access needed mental health services. The statewide implementation of the Custody Diversion Protocol in partnership with the Department of Mental Health mandates timely response to any parent voicing the intention to surrender custody so that his/her child may receive clinically indicated mental health services. Circuit-specific training has occurred to date in FY 2006 on an as-needed basis to address identified concerns, and the continued approach and recommendation are to leverage resources and problem solving at the local level.

Likewise, utilization of the Voluntary Placement Agreement continues to increase throughout the state as efforts to serve children in need of mental health services focus on a collaborative partnership with the juvenile court, the Department of Mental Health, and the CD Division. Combined, these initiatives have resulted in the number of children whose legal custody has been restored to the parent under the provisions of SB 1003 to remain at 38, the FY 2005 level.

Residential Treatment Services for Children

Residential treatment provides specialized treatment services designed to improve the child's psychological and/or emotional functioning and bring about positive behavioral changes. These services include evaluation and diagnosis, counseling, educational services, recreational services and intense planning to provide effective treatment to facilitate the child's return to a less restrictive environment. CD's goal is to assure children are provided appropriate treatment services in the least restrictive environment.

Licensed residential child care agency staff are required to have initial orientation and a minimum of 40 hours of on-going training per year. Licensed child placing agency staff are required to have initial orientation and a minimum of 20 hours of on-going training per year. The CD Residential Program Unit (RPU) worked with staff from licensed Residential Child Care Agencies (RCCA) and the National Resource Center for Youth Services (NRCYS) to develop a training curriculum specific to the needs of the RCCAs. The "Strengthening the Culture of Care" (COC) curriculum provides a child-centered, strength-based approach to residential treatment. The goal of the training program is to assist agencies in providing a safer, more nurturing, child-centered approach to treatment that reduces the need for physical restraint and/or locked isolation of residents.

While the initial "train-the-trainer" sessions conducted by NRCYS in 2004, a "refresher" course for agency trainers is planned for 2006. Trainers from NRCYS and the State Supervisor of RPU, plan to present "Strengthening the Culture of Care" at the National Association for Regulatory Administration (NARA) conference in Oklahoma City, Oklahoma in October 2006. RPU also conducts twice-yearly meetings with administrative staff of RCCAs that focus on information sharing and performance enhancement.

The CD believes that the development of the COC Initiative will improve safety and nurturance of children in a residential care setting. This improvement is measured quarterly through a reduction in the number of CA/N reports with a Preponderance of Evidence findings (formerly known as Probable Cause) received by residential treatment facilities.

As of February 28, 2006, The CD had custody of 1,762 children for whom residential treatment services are provided. As of March 2006, there were 87 licensed residential agencies operating at 145 separate sites, and 75 child placing agencies, providing foster care and adoptive service at 94 separate sites. 26 residential child care agencies also had child placing licensure. CD expenditures for residential treatment in

SFY-05 were \$68,434,254 and we estimate SFY-06 expenditures of \$70,632,254.

The success of children exiting residential treatment into a less restrictive environment requires the CD and the private contractors to work closely together. CD staff must emphasize continued monitoring of children's care when they are in residential treatment in order to achieving permanency for children. During FY 05, 2,375 children received residential treatment services.

There are currently 87 Licensed Residential Child Care Agencies (RCCA), of which 33 are accredited through nationally recognized accreditation bodies (COA, Joint Commission on Accreditation of Healthcare Organizations, or the Commission on Accreditation of Rehabilitation Facilities). Twenty-eight of the 79 Child Placing (CP) agencies are accredited. Four additional RCCA and ten additional CP agencies are actively seeking accreditation at this time. Such accreditation in Missouri serves as prima facie evidence that an accredited agency meets state licensing standards.

In 2005 there were three initial licenses and 38 renewal licenses awarded to private CP Agencies. In 2005 there were four initial residential child care agency licenses and 48 residential child care agency renewal licenses awarded.

Psychiatric Diversion

Psychiatric Diversion is a funding stream to be utilized to prevent inappropriate and/or unnecessary hospitalizations. The intent is to reduce funding barriers to obtain needed services and provide appropriate and cost effective services to children being considered for psychiatric hospital placement. Programs which are funded, in part, through psychiatric diversion funds are career foster care, behavioral foster care, residential treatment, and the Interdepartmental Initiative. These programs serve children with the highest needs who are the most likely to require psychiatric placement in lieu of individualized services.

During SFY-05, expenditures totaled \$16,241,913 in psychiatric diversion funds.

Interstate Compact on the Placement of Children

In order to achieve permanency planning for some children, placements are sought in the homes of parents, relatives, foster homes, adoptive homes, and/or residential treatment facilities in other states.

These placements are made under the Interstate Compact on the Placement of Children (ICPC), which is a law in all 50 states, the District of Columbia, and the U.S. Virgin Islands. This arrangement assists in providing home studies, placement supervision, and regular reporting after an out-of-state placement.

A similar arrangement is in effect to ensure medical coverage for children in out-of-state placements through the Interstate Compact on Adoption and Medical Assistance (ICAMA).

In SFY-05, 3,554 children were served, which included 857 requests for services from other states for Missouri children, and 950 out-of-state requests for Missouri services on behalf of children from other states.

Missouri continues to honor border agreements with the states of Illinois and Kansas in coordination with the Interstate Placement Compact (ICPC). This is a provision for employees of bordering states to cross-geographical areas to complete home studies for placement of waiting children.

C. Kinship Care

Extended families for many generations have raised children in their homes when the birth parents were unable to do so. Kinship care helps to reduce the stress a child may experience from being removed from his/her home and family or the stigma of being a "foster" child. It is the least restrictive family-like setting for children requiring out-of-home placement.

The agency views placement with relatives as a priority and makes concerted efforts to seek relatives as placement resources. The Alternative Care tracking system enhancements were made to accurately track the use of kinship and relative placements. Staff began converting existing system data to reflect accurate placement with relatives during December 2005.

Conducting a "diligent search" is necessary to find missing parents early in the case to ascertain parents' intentions regarding the child(ren). It is also used to search for relatives to find the best possible placement for the child, which will lead to a quick and permanent solution for the child's care.

Kinship care foster homes are provided by relatives or non-related persons who have a close emotional relationship with children who have been placed in out-of-home care. Kinship is defined as: Persons related

by blood, marriage or adoption including parent, grandparent, brother, sister, half brother, half sister, stepparent, stepbrother, stepsister, uncle, aunt, or first cousin. It also includes those non-related persons not living in the same household but whose lives are intermingled with the child and appears as one of a blood relative.

Missouri has a long tradition of placing children with relatives. Children placed with relatives by public child welfare systems (formal kin) has increased from 25.6 percent as of March 1, 2001 to 26.9 percent on March 1, 2006. Similar supports are being provided to kinship providers as in previous years, except for the Grandparents as Foster Parents Program. This funding is no longer available though the Family Support Division.

In addition to improving diligent search efforts to locate missing parents and relatives, the CD has evaluated the support and training for relative/kinship resource families. Two hundred relative and kinship caregivers were surveyed during February 2006 on the adequacy of the Caregiver Who Knows the Child training curriculum. Data from the survey was collected and analyzed in March 2006. Fifty of the 200 surveys were returned. Based on the returns, the group determined the caregivers approved of the curriculum, and found it to be helpful and did not need to develop a new training curriculum, but need to improve the following areas:

- Understanding Permanency Goals
- Managing New Responsibilities
- Managing Stress & Staying Healthy
- Information regarding the Grievance Process

Revisions are being made to the curriculum and a draft will be reviewed by a select sample of relative providers. The sample group of providers will work with Central Office staff to finalize the draft. The curriculum will be modified as needed and training to be delivered to newly licensed relative/kinship providers in September 2006.

D. Other Permanent Living Arrangements

The Adoption and Safe Family Act created Another Planned Permanent Living Arrangement (APPLA) as the least preferred permanency option for children. Not intended to be a catch all for whatever temporary plan is needed, APPLA is a “living arrangement that is truly planned and permanent” in nature. “Planned” means the arrangement is intended, designed, considered, premeditated, or deliberate. “Permanent” means enduring, lasting, or stable. The term “living arrangement” includes not

only the physical placement of the child, but also the quality of care, supervision, and nurturing the child will receive. While “living arrangement” may not necessarily be a specific residence or facility it does imply certain stabilizing features.

The other preferred permanency plans (reunification, adoption, guardianship, and placement with a fit and willing relative) consider more than the physical place a child resides. It involves a specific adult or couple (as opposed to an organization), who will be in charge of the young person, exercise certain powers and responsibilities, and likely live with the young person. Further, the caregiver’s familial relationship with the child will be continuing in nature. Therefore, it follows that an APPLA either will involve a permanent adult caregiver of the child or at least adult parent figures playing permanent and important roles in the child’s life. The decision and development of an APPLA should include all parties of the FST.

Rarely should group care be a living arrangement. Group care as an APPLA requires clear evidence that the young person will not be able to function in a family setting before reaching adulthood.

Much of the success of youth, who have a case goal of APPLA, is dependent upon their preparation and an available support system including resource parents and Independent Living Program (ILP) Specialists. The commitment of these dedicated adults provides an invaluable service to increasing awareness of available Chafee Independent Living services. Youth from the State Youth Advisory Board and local area boards work in partnership with the ILP Specialists to increase the accessibility and responsiveness to provide Chafee information to staff and the community and services to youth.

There are several strategies in the PIP that addresses service provisions for older youth including: Increasing the number and quality of resource families; increasing the awareness of services offered through the Chafee Foster Care Independence Program; and increasing program accessibility to provide life skills training services for this older youth population. The goal of 66.4 percent for youth ages 16 and over participating in or having completed life skills training have been met in the PIP. We continue to struggle to meet the 66.4 percent goal of youth 16 and older having an Independent Living plan.

Transitional Living Program

The Transitional Living Program (TLP) offers a different living situation for youth ages 16 and older to practice the life skills training they received in the classroom setting. Ideally TLP offers experience for youth

from a more restrictive to a less restrictive setting, based on the readiness of the youth. These living situations allow for some autonomy but still provide needed support and supervision will increase the likelihood of self-sufficiency. TLP placement options include:

The three TLP placement types (Transitional Living Advocate, Transitional Living Group Home, and Transitional Living Single/Scattered Site apartments) continue to be available for eligible and developmentally ready youth. During FY 2005, 306 youth were placed in these placement types.

Independent Living Arrangement

The Independent Living Arrangements (ILA) is a planned placement for youth in out-of-home care and not used when a more appropriate placement resource is available for the youth. It is a state approved and subsidized placement option for youth age 17 and older who other permanency options have been exhausted. The case manager in conjunction with the FST determines the youth's suitability for placement, by assessing the youth's motivation, abilities, skills, and capabilities for living independently and ultimate emancipation from the service delivery system. During FY 2005, 413 youth in custody were placed in an ILA.

III. Service Description for Promoting Safe and Stable Families Programs

A. Family Preservation/Intensive In-Home Services

Intensive In-Home Services (IIS), formerly known as Family Preservation Services, is a short-term, intensive, home-based, crisis intervention program that offers families in crisis an alternative to out-of-home placement. IIS is based upon the belief that families in crisis can, through intervention, learn to nurture their children, improve their functioning and gain support within their community, while keeping the family together safely. This program works with families to ensure the safety of the child(ren) while keeping the family intact. Services are provided in the family's home or other natural setting. The IIS program combines skill-based intervention with maximum flexibility so that services are available to families according to their needs. It focuses on assisting in crisis management and restoring the family to an acceptable level of functioning. Services include:

- individual and family counseling,
- parenting education,
- child development training,
- household maintenance education,
- nutritional training,
- job readiness training, and
- referrals to other community services.

During SFY 2005 there were 1,728 families, 3,375 at-risk children and a total of 4,370 children served. The most frequently addressed problems of at-risk children were as follows:

Problem Addressed During Intervention	Number of Cases	Percentage of Cases
Parent/Child Conflict	1,168	34.61%
Lack of Parenting Skills	1,047	31.02%
Child Neglect	838	24.83%
Lack of Communication Skills	789	23.38%

During SFY-05, 3,360 at-risk children exited IIS.

In July 2002, the Missouri Family functioning Assessment Score (MFFAS) was implemented. This is a pre and post assessment that is designed to measure change in family functioning. Data will be collected and captured in FACES once the case management phase has been converted in SACWIS. This analysis will provide information regarding improvement in family functioning after the intervention and help identify resource and training needs.

Demographics & Statistics

- Approximately 1,600 families are accepted into the program yearly.
- Approximately 4,200 children are served annually.
- Between 950 and 1,460 children are not served due to lack of openings.
- 86% of referrals come from CD staff.
- Nearly 87% of families have a female head of household.
- 66% are white, 28% are black.
- 58% of head of households had income below \$15,000.
- 55% of head of households were unemployed.
- 65% of head of households had parenting skill problems.
- 34% of children had parent/child conflicts.
- 54% of the families had prior contact with DSS, juvenile courts, adult law enforcement, Department of Mental Health, adult criminal courts or Youth Services.
- 5.1 weeks is the average length of intervention.

Successes

Child Safety: Children shall be safe from abuse and neglect. The goal for child safety is to protect children from harm, prevent further abuse/neglect, and reduce the risks to their safety or well-being. The success of IIS efforts is gauged by the ability of the family, state agency, contractor, and community to protect the child from harm. The indicators are:

1. Families will not have confirmed child abuse/neglect during IIS intervention 90 percent of the time.
2. Families who have received IIS intervention will not have confirmed child abuse/neglect within the first three months following the completion of IIS intervention 85 percent of the time.
3. Families who have received IIS intervention will not have confirmed child abuse/neglect within the first 12 months following the completion of IIS intervention.

The most recent outcomes data available for FY 2003 show that the percent of children in IIS program without confirmed CA/N:

- During IIS intervention was 98 percent.
- Three months following intervention was 98 percent.
- Twelve months following intervention was 95 percent.

Permanency: When it becomes necessary to remove a child from the home, IIS facilitates this decision-making process in a timely and respectful manner that supports the best interest of the child. Indicators are:

1. Families will not have a child placed out of their home during IIS 90 percent of the time.
2. Families that have received IIS will not have a child placed out of their home within three months following the completion of IIS 85 percent of the time.
3. Families that have received IIS will not have a child placed out of their home within twelve months following the completion of IIS 80 percent of the time.

Outcomes related to permanency are:

- During IIS intervention was 95 percent.
- Three months following intervention was 94 percent.
- Twelve months following intervention was 92 percent.

B. Family Support

Family-Centered Services

Families entering the child welfare system due to reports of child abuse or neglect receive case management services that are referred to as Family-Centered Services (FCS). FCS may also be provided if the family requests preventive treatment services. Services are available to families, including expecting parents, who request services that might prevent child maltreatment or family dysfunction.

Family-Centered Services seek to empower the family and minimize its dependence upon the social service system. During FY 05 there were a total of 20,685 active FCS cases, of which, 10,018 were new cases opened during FY 05. These include service cases with intact families and families with child(ren) in out of home care. Approximately 28.1 percent of FCS families served in FY 05 were the result of substantiated child abuse/neglect reports and 22.2 percent were the results of Family Assessments. Family requests for preventive services were 35.9 percent.

During FY 05, 9,982 FCS cases were closed. The desired goal was achieved in 72.3 percent of families. This is a decrease was the previous year but it closely correlates to the decrease in the number of cases opened.

Child Care and Development Fund

The federal funding of the Child Care and Development Fund (CCDF) assists low-income and at risk families who are working or attending school or participating in job training programs. Services are provided to assist families and their children involved in child protective service, foster care, adoption, or in intact families.

The majority of the CCDF provides state child care subsidies:

- Serves approximately 43,000 low income and/or at risk children per month;
- Serves approximately 3,500 children in protective services arrangements per month;
- Provides services to children in before and after school settings in the St. Louis and Kansas City metropolitan areas through the local Community Partnerships, ARCHS and LINC; and,
- Expends an average of \$13,000,000 per month in child care subsidies.

Sixty-five percent of the children served by the CCDF are in licensed, regulated child care; thus ensuring their care setting meets mandatory state licensing regulations. In addition, children in protective service child care are required to access licensed, regulated care. This provides for quality, affordable, accessible child care for families and prevents children from being left alone or in unsafe care arrangements.

In addition to child care subsidies, additional mandatory set aside funding are ear marked for:

- The Missouri Child Care Resource and Referral Network (MOCCRRN) which provided child care referral service for approximately 20,000 families annually and served as a primary training resource for child care providers.
- The OPEN (Opportunities in a Professional Education Network) initiative with is Missouri's state early childhood professional development system and includes a child care practitioner's career development register, trainer registry and statewide training calendar. OPEN provides statewide leadership on mentoring and articulation on early childhood career development.
- The Missouri Educare program which provides training and technical assistance to child care programs who serve subsidized children.

Educare is present in 68 of Missouri's 115 counties providing opportunities for providers to enhance their care giving skills.

We anticipate implementing Electronic Time and Attendance for child care towards the end of 2007. Parents will be required to use either a swipe card or fingerprints to check their child in and out of the child care facility. The RFP will be sent out to potential providers during July or August 2006 followed by a nine month development and testing period prior to it being rollout.

Early Childhood Development Education and Care Fund (ECDECF)

1. Early Head Start

This set aside provides state funding for children, ages birth to three years, with family incomes under 100% of the federal poverty level, to receive Early Head Start services via EHS partnerships with existing community based child care partners. Resources are provided for education and training for child care providers and actual services to families include: child care, parent education, substance abuse counseling, self sufficiency, health and mental health services for both the children and their families. State funded Early Head Start (EHS) grantees must meet approximately 1,101 EHS federal performance standards that are jointly monitored by state and federal staff. MO EHS programs must also meet established Missouri Early Childhood outcomes listed in the attached document. State funding currently provides one quarter of the total EHS slots available in the state. Federal funding provides the other three-quarters. Approximately one quarter of EHS families are teen parents.

	FY 04	FY 05
Number of Children and/or Families Served	652	574
Total Number of Children Impacted	1,600	1,300
Current Waiting List**	729	375
Number of Grantees	11	10

2. Start-Up Expansion

Lack of availability for infant and toddler child care continues to be an issue. This set aside finds grants to child care provider to create additional quality capacity for children ages 0-3 in the state for currently underserved areas. These are 3 year grants. The demand for these grants shows there is a tremendous need for this grant program. A typical grant year will have over 300 people on waiting lists to receive an RFP and at most 10 percent are funded. Grantees receive 100 percent

funding in year one, 75 percent funding in year 2, and 50 percent funding in year 3. Start-Up & Expansion grantees must utilize this funding for the addition of licensed and eventually accredited slots for infants and toddlers. They must serve a minimum of 25 percent DSS subsidized children. Outcomes include number of children served, attaining licensure by the end of year one, and actively participating in the accreditation self-study process of a recognized accrediting organization by year 3.

Because the grantee must become licensed and accredited, additional children attending the facility, other than those directly funded under this grant, are impacted by the enhanced teacher training/education and resources associated with licensing and accreditation.

	FY 04	FY 05	FY 06
Number of Children and/or Families Served	1,684	238 (additional slots)	506 (additional slots)
Number of Grantees	46 (competitive grantees) 8 Community Partnership grantees provided funding to an additional 78 programs	45 (second year competitive grantees) 11 (new competitive expansion only grantees) 8 Community Partnership grantees provided funding to an additional 78 programs	45 (third year competitive grantees) 11 (second year expansion grantees) 24 (new competitive) 8 Community Partnership grantees provided funding to an additional 78 programs

3. Stay at Home Parent

This set aside provides grants to community based-agencies/ organizations to assist low income and at risk parents who stay at home with their children in accessing quality early learning opportunities for their infants/toddlers. The Stay at Home Parent programs target high needs populations in high poverty areas. Families served must have children under the age of 3 years and have income under 185 percent of the federal poverty level.

This program allows low income parents, who choose to stay at home with their infants and toddlers, to access early childhood education resources similar to those available to children in quality early childhood/child care programs. It builds upon other research-based parent education programs that may include Parents as Teachers, Home-Based Early Head Start, Even Start, Baby Boost, Bridge to the Future, and Nurses for Newborns. The Stay at Home Parent program must be of a more encompassing nature than the above programs and builds on the strengths of those programs for a more holistic way of meeting the needs of these low income families by identifying and removing barriers to participation.

It provides developmentally appropriate toys, books, and other services such as lending libraries (resources that low income families often cannot afford), and instruction to parents on their use, to promote their child's positive development ultimately leading to school readiness. As child abuse/neglect is often a result of lack of information on child development and inappropriate age expectations, a secondary goal is to reduce incidences of abuse and/or neglect by providing parents with information and resources to reduce stress and increase coping and disciplinary skills. Outcomes are based on number of children served and the recognized outcomes of programs with which these grants are partnered. These programs often target high risk populations such as teen parents and English as Second Language (ESL) families.

	FY 04	FY 05
Number of Children Served	3,500	2,712
Number of Families Served	3,432	2,253
Number of Grantees	23 Competitive 8 Community Partnerships	27 Competitive 8 Community Partnerships
Number of certificates for developmentally appropriate toys, books, and services	11,182	12,640

4. Accreditation Facilitation

Accreditation is an indicator of program quality and program quality is directly correlated with child outcomes. Accreditation, however, requires significant investment on the part of the provider. This set aside funding provides grants to community based agencies/organizations to assist

providers in becoming accredited. Accreditation Facilitation grantees work in their regions or communities to assist child care programs that serve DSS subsidized children to become accredited by state or nationally recognized accrediting organizations including NAEYC, NAFCC, and Missouri Accreditation. They provide technical assistance and, depending on other resources in the area, scholarships for education or training programs, books and supplies, substitutes, and other resources required to meet accreditation standards. Timelines must be established for programs to reach accreditation. Outcomes are based on the number of programs accredited and, as accreditation can often take 3-4 years, movement along a specified timeline towards accreditation.

	FY 04	FY 05
Number of Children Served	20,051	12,677
Number of Providers Served	579	332 Community Partnerships funded 456 individuals in various ways to facilitate the Accreditation process (training, technical assistance, educational scholarships, etc.)
Number of Programs Accredited	0 – all in process	38
Number of Grantees	6 Competitive 9 Community Partnerships	6 Competitive 9 Community Partnerships

Accreditation funding provides a 20 percent increase in child care subsidy base rates to accredited providers as an incentive for child care providers to become accredited and to support the additional costs of being an accredited facility. Providers eligible for this base rate increase include providers accredited by NAEYC, NAFCC, NASCCA, COA, NECPA, CARF, and Missouri Accreditation. In order to maintain the integrity of the accreditation process, accrediting organizations must apply to DSS to be a recognized accrediting organization and submit extensive background information regarding the operation and quality of their program. Applications are reviewed by an impartial team of evaluators made up primarily from staff of universities and community colleges.

Strengthening Families Through Early Care and Education

Missouri has proceeded with the implementation of the Strengthening Families through Early Care and Education initiative. The goals are to incorporate these protective factors to the extent possible in CD's early

childhood programs and to create better linkages with other child welfare systems through cross training and joint initiatives. The process began with selecting 5 or 6 pilot sites that will serve as exemplary sites with the hope that eventually they will mentor other sites in the Strengthening Families model.

The five protective factors, Parental Resilience, Social Connections, Knowledge of Parenting and Child Development, Concrete Support in Times of Need, Social and Emotional Competence of Children have been woven through or embedded within a variety of major initiatives and programs including; training for frontline child welfare staff, the Parents as Teachers National curriculum, the Prevention module of basic child care orientation training for child care providers, the Children's Trust Fund discretionary grant program, the statewide strategic plan developed under the national MCFH Early Childhood Comprehensive Systems Plan grant that is intended to guide the work of the Early Childhood Coordinating Board currently being appointed by the Governor, the draft state Quality Rating System, and a variety of grants and initiatives of the various state agencies engaged in early childhood activities. This work will continue on an ongoing basis. Several individual city, county and community initiatives are also beginning to utilize the Strengthening Families model in their infrastructure to support parent involvement and to embed the protective factors in their programs and initiatives.

Family Violence Prevention Services

The Family Support Division (FSD) receives a federal formula grant through Title III of Public Law 98-457 (as amended by the Violent Crime Control and Law Enforcement Act of 1994), for the prevention and treatment of family violence. The FSD disburses federal funding through contracts, which are competitively bid, to 53 statewide domestic violence programs, who serve victims of domestic violence. In addition, the FSD receives state funds to help support Family Violence Services and disburses state funds through contracts to 81 community-based providers throughout the state, who provide shelter and services to victims of domestic violence. The Missouri Coalition Against Domestic and Sexual Violence (MCADSV) provides statewide domestic violence training, technical assistance, and monitoring to the statewide domestic violence programs, which is supported in part by the FSD.

In 2004, the Missouri State Highway Patrol reported the highest number of domestic violence incidents since 1999, while domestic violence programs provided more services to victims and educated more community members. According to the data voluntarily submitted by the providers of community-based programs, there were increases in all services provided including non-residential services, women and children

in transitional housing, bednights for those in shelters, and crisis calls. Presentations to communities increased in 2004, reaching 17,550 additional people.

School Based Service Workers

The CD is committed to close collaboration with schools and supports two methods for a more direct connection. CD has based Children's Services Workers in many schools throughout the state in a collaborative project with the schools to provide early intervention and prevention services.

The first method of close collaboration exists when a CD employee is placed in the school district. The service worker provides a vital link to community organizations and other services. In the past years there were several staff based in schools throughout the state. Currently only St. Louis CD City has a school based social worker and an entire CA/N unit placed within a school. This on-site availability serves to prevent further child abuse and neglect referral, juvenile court involvement, and the potential for out-of-home care.

The second method of close collaboration exists through the School Based Service Worker Grant Program. This grant is available to all school districts in the State of Missouri. This grant provides partial funding towards a salary package for the School Based Service Worker. The school applies for the grant by writing a proposal that includes their rationale of the position, job descriptor, salary information, and demographics of the school. The basic philosophy for the school-based service worker's role is the early identification and intervention of children at risk of child abuse and neglect.

There are up to 100 slots allocated statewide for this program based on Federal Appropriations, with a maximum contribution per position by the CD of \$12,049.80. The service worker is an employee of the school district and CD pays 35% of the salary. The Division provides basic child abuse and neglect training to new hires, and provides the school district technical support. A yearly training institute was held until budget constraints required they be discontinued. This institute had concentrated on workshops that dealt specifically with issues pertinent to the school based service worker, and would be beneficial to continue once funding becomes available.

In years past, school based service workers reported their activities through a non-identifying tally type of reporting form, based on the number of children or families seen, as well as by the type of activity. This data is useful for monitoring compliance and general activities of the

school based workers. However, while the Division has continued to receive these aggregate figures for each School District, this data has not proven to be the most effective measure of successful outcomes due to the inability of the Division to track specific individuals due to provisions of the Family Educational Rights and Privacy Act (FERPA). Therefore, the Division is currently revising the contract requirements as well as the reporting form, to require School Based Service Workers to internally track outcomes for specific individuals and to report their findings to the Division, in a manner that is compliant with FERPA. It is expected that the new contract requirements and reporting process will begin with the 2006-07 school year.

C. Time-Limited Reunification

Family Reunion Services

Family Reunion Services (FRS) is a short-term, intensive, family-based program designed to reunify children who are in out-of-home care and who, without intensive intervention, are likely to remain in care longer than six months. The goals of FRS are to assist a family in removing barriers for the return of their child(ren), assist in the transition of returning the child(ren) to the family, and to develop a plan with the family that will maintain the child(ren) safely in the home for at least one year following the intervention.

Families are eligible to receive FRS if at least one child (0-17years) under CD custody is in an out-of-home placement. Five (5) new contracts were awarded February 2005 in the St. Louis Metro Region and Kansas City, for a total of 18 contracted FR specialists. There are currently 26 FRS specialists, in-house and contracted, positioned throughout the state with the capacity to serve approximately 390 families during SFY-06

The St. Louis Metro Family Reunion site had participated in a pilot project sponsored by the National Family Preservation Network in conjunction with Dr. Ray Kirk of the University of North Carolina Chapel Hill. The pilot project tested a pre- and post- family functioning scale in three sites across the country. The North Carolina Family Functioning Scale- Family Reunion was utilized for a pre and post functioning scale to measure changes in family functioning during an FRS intervention. The final report was available in July 2002 (www.nfpn.org); this tool has shown to be helpful in guiding specialists through a comprehensive assessment.

This tool is currently being used by staff and contractors statewide and will continue to be used as the assessment tool for FRS. A new data collection system will be available with the implementation of SACWIS.

D. Adoption Promotion and Support Services

Adoption

Missouri law identifies the CD as one of the agencies that may place a child for adoption, and establishes time frames for the completion of court ordered/requested adoptive assessments that are conducted once the child is placed in the prospective adoptive home. The court may direct any appropriate individual or agency, including the CD, to complete the assessment.

When it is not possible or in the best interest of the child to return to their biological family, consideration is given to placing the child for adoption. Several factors influence this decision: the attachment of the child to his/her biological family, the parent's ability and willingness to voluntarily relinquish the child for adoption, the juvenile court's determination of whether or not parental rights will be terminated and the older child's desire to be placed in an adoptive home.

Persons who are interested in becoming adoptive parents apply at local CD offices. All applicants must complete the STARS/Spaulding training, provided through the Division. CD workers and/or contracted providers, in coordination with the training, complete the family assessment and screen suitable families. The home studies are initiated within thirty (30) days of the receipt of application and completed within four months, for families to be considered for adoptive placements. Priority is given to those families interested in adopting a special needs child. Prospective adoptive applicants may call the toll-free Foster/Adoptline at (1-800-554-2222) for information about adoption. Those calls are answered in person, information is sent to the family, and then referred to the appropriate county office. Follow-up activities are conducted on a on-going basis to assure that the family receives training information and that their questions are answered.

The Division maintains an Internet web site Adoption Photo Listing that is located at <http://www.dss.mo.gov/cd/adopt>. Children listed on the web site receive exposure on this site, as well as on the national AdoptUSKids site at www.AdoptUSKids.org. In addition to the Missouri state adoption photo listing and the AdoptUsKids site, Jackson Co./Kansas City has a website for presentation of children in that region that may be accessed at www.kcchildren.org.

The CD enlists the assistance of community partners as well as the faith communities through publicity efforts that utilize newsletters, printed promotional material, public service announcements, and local projects.

Particular emphasis is placed on the need for the adoption of “special needs” children. In September 2005, the CD sponsored a state-wide faith based conference with 200 individuals attending. This conference was aimed at strengthening and building relationships with local faith communities in an effort to support Missouri families. As a result of this conference mini-conferences are being planned in Springfield, St. Louis and Kansas City as well as the Northern Region.

The successful recruitment collaboration between the CD and Fort Leonard Wood military installation in Pulaski County continues. A unit of CD adoption specialists is based within the county where the Fort is located to recruit and approve military families as adoptive resources for children with special needs. Non-military families in the surrounding counties are also recruited.

Another community partnership takes place in the nearby town of Rolla. Rolla collaborates with the Division, the hospital and the University of Missouri-Rolla’s fraternity and sorority students to host a recruiting event, which is in close proximity for the military personnel to participate. This collaboration has proven to be highly successful for continuing the recruitment of military families as well as further involving and recruiting from the local community resources for our children.

The One Church, One Child (OCOC) program recruits adoptive homes for waiting African-American children on an ongoing basis. A CD liaison works directly with participating churches to provide information on the adoption process and specific children waiting for adoption. The CD continues in partnership with Wendy’s of Missouri in Springfield. Wendy’s began a website with adoption information and profiles of available children and general information for families considering foster care and adoption which can be accessed at <http://wendysofmissouri.com>. In addition, Wendy's promote the adoption series “For Your Life” which airs on television markets throughout the state. “For Your Life” is a series of live interviews with children seeking permanent adoptive homes. The viewing area for this project has expanded to markets in Kansas City, Jefferson City, Columbia and Joplin.

“A Place to Call Home” is a television special that is shown several times per week on a local St. Louis television station. The Foster and Adoption Care Coalition in collaboration with the Division, organizes this program with the television station, taking referrals from Division staff. This television show has resulted in several adoptive placements for children, and two featured children even caught the attention of the Hallmark

Channel. Their success stories were featured on the Hallmark Channel's national television program, entitled, "Adoption."

During April 2006, the Adoption Exchange of St. Louis opened the premier of the first Missouri Heart Gallery in Jefferson City at the Capitol rotunda. The Heart Gallery was founded by the New Mexico Department of Children, Youth and Families in 2001 as a unique way to help children in foster care who are waiting for adoptive families step from the shadows into the light. Stirring portraits, which reveal the children's amazing spirits and individuality, have helped many find permanent, loving homes. Throughout 2005 plans were made and pictures were taken of children to support this gallery which will travel throughout the state. The exhibit will travel throughout the state for the remainder of 2006 appearing in St. Louis, Springfield, Kansas City and Joplin. This gallery is sponsored by Wendy's and The Adoption Exchange-MO Office along with the CD. Over 100 photos will be traveling with the gallery.

Currently, there are 6,902 homes approved by the CD as adoptive homes. This number includes 565 approved families that are waiting for an adoptive placement and 6,337 families that have placements and are receiving adoption subsidy for a child/ren in placement. Additionally, many of these are also licensed foster homes. Foster parents often adopt their foster children if they are made available for adoption by the juvenile court.

The CD has devised several strategies in an effort to continuing meeting the national standard of 32 percent for all children who exited care to a finalized adoption within 24 months. In addition to the above efforts by state and local staff to recruit and retain resource families, local circuit meetings were initiated with Juvenile Courts to address procedures for filing of Termination of Parent Rights petitions. Access to legal representation has also been improved for CD staff through a joint memorandum and protocol with the Division of Legal Services. The CD finalized adoption for 1,420 children during FY 03; 1,379 during FY 04, and 1,233 during FY 05. Currently, there are 106 children in the temporary, pre-adoptive custody of adoptive parents.

As of February 28, 2006, there were 824 children who were available for adoption and awaiting adoptive placement, as the termination of parental rights (TPR) process had been completed. There were an additional 1,086 children for whom a goal of adoption had been established, but TPR had not yet been completed.

Subsidized Adoption Program

Some children placed in out of home care will never be able to return to their birth home. Some of these children suffer further from handicapping conditions; others are older or are members of a sibling group. These factors make it challenging to find adoptive homes. Frequently, these children have special needs such as the need for medical care, counseling, therapy, or special educational services. The cost of caring for these children can be prohibitive for a potential adoptive family. Before the adoption subsidy program, the only alternative was to leave the children in foster care. Adoption subsidy gives the child the benefit of a permanent family while assisting the family who would otherwise be unable to adopt the child.

In recent years, the vast majority of children placed for adoption by the CD have had special needs. The agency has devoted a large portion of its resources and placed a priority on finding homes for these children. As of February 28, 2006, there were 13,759 children receiving adoption subsidies at an average monthly cost of \$325.00 per child. Total expenditures for the adoption subsidy program were \$52,610,316.91 in FY 03; \$61,693,507 in FY 04; and \$66,716,035 in FY 05. It is anticipated that expenditures will be approximately \$ 69,210,267 for FY 06. It should be noted that case management expenses have been separated out of this appropriation and are no longer included in the subsidy expenditures.

Second Level Adoption Matching Team

The Second Level Matching Team (SLM) consisting of area adoption representatives continues to meet four times per year to facilitate matches. This statewide team was developed to match waiting families with children available for adoption. The focus of this group has expanded to include development of a specialized recruitment tool for the hardest to place children as well as coordinating recruitment efforts across the state for the most effective use of resources.

The SLM Team goals have expanded over the last four years to include serving as a forum to discuss and resolve adoption issues faced by field staff, assist in defining best adoption practice for the CD, and completing quarterly adoption peer record reviews as part of the statewide Continuous Quality Improvement process.

The SLM team consists of a total of fifteen adoption representatives, which include two from each of the seven geographical areas of the state, and a Program Development Specialist from Central Office. The team meets every three months to conduct a preliminary match for waiting

families and children according to age ranges that the families will accept. The age range is rotated at every meeting so that a variety of children can be matched with waiting families. The age ranges matched are divided into groups; 4-8 years, 9-14 years, 15-18 years, and extraordinary medical needs.

The SLM Team will continue to look for new and innovative ways to match waiting families with waiting children. Currently those include developing a recruitment tool for the hardest to place children as well as coordinating adoption events for the best utilization of resources.

Adoption Recruitment Plan

In FFY 05, Missouri did not receive adoption incentive payments to assist CD to cover the costs of adoption recruitment and related activities. However, for FY 2005/2006, \$10,000 was allotted for recruitment of resource families for each region. Each region was able to devise their own plan for use of the funds.

The CD recruitment plan has two components: a group of core activities for which Central Office and every county office will be responsible, and a group of optional activities from which offices may select. Through these activities the CD desires to reach all potential families regardless of their cultural and socioeconomic status. The core activities of the recruitment plan include:

- Distribution of informational packets;
- Subsidy brochures;
- Completing family assessments timely, within 90 days;
- Regular use of media;
- Use of resource contracts for recruitment, training and assessments with private agencies;
- *Home for the Holidays* collaboration with the Dave Thomas Foundation;
- Utilize and maintain CD Internet web page and work with the two national sites where CD children are placed;
Photo listing: <http://www.dss.mo.gov/cd/adopt>. This web site lists profiles and the pictures of approximately 200 of Missouri's waiting children. This site provides a link to the Collaboration to AdoptUsKids <http://www.adoptuskids.org> site. The AdoptUsKids and National Adoption Exchange (www.adoptex.org) are national web sites where Missouri's waiting children are featured.
- Celebrate National Foster Care month (May) and National Adoption month (November);

- Continue collaboration with community agencies and maintain the CD recruitment efforts.

The optional activities from local offices include:

- Northwest Adoption Event at Missouri State Fairgrounds.
- Northeast Adoption Event at Trinity Lutheran Church, Jefferson City. Kick-off to the national adoption month.
- Linking Hearts Adoption Open House at Ft. Leonard Wood. Effort to profile children and meet families interested in fostering and adopting.
- Jackson Co. website premiers. Site sponsored by LINC and allows information to be shared with the public in electronic format regarding kids available for adoption as well as training classes and general information about the CD programs.
- Finding Families Exhibit in Jackson Co. opened utilizing heart gallery type photos from the LINC website and displaying them in the Kansas City public library.
- National Recruitment Saturday Celebration in St. Louis Co.
- Northwest Region placed adoption recruitment bookmarks in libraries as a recruitment activity.
- Greene Co. did a "Strike a Match" bowling recruitment event for specific families that had shown and interest in older youth. Event in conjunction with Boys and Girls Town of Missouri.
- Jackson Co. printed baseball cards with waiting children's pictures to be used for recruitment at the Kansas City Royals baseball game.
- Jackson Co. participating in a bi-state Heart Gallery with Kansas Children's Service League.
- Faith Based mini conference in St. Louis. A spin off from the state conference to encourage and support local participation.
- Southeast Region produces a DVD for recruitment activities. DVD has profiles of Children awaiting adoptive home.
- Missouri Western College in St. Joseph was approached by a supervisor in Buchanan Co. and requested to devise a recruitment program for adoptive families. Missouri Western devised and Open Your Heart/Open Your Home Adoption campaign and provided recruitment materials and suggestions for their use in the St. Joseph community.
- Jackson Co. Office started a bus campaign with the city bus system to run billboards on the back of the bus as recruitment for foster/ adoptive parents.
- Profiles running in the Kansas City Star of Waiting Children, Wendy's Project Continues to do recruitment show and operates a website - Wednesday's Child.

- Webster University and the St. Louis CD are working on a recruitment project with the marketing department.
- Northwest Region is running ads for adoption recruitment in free papers.

Out of State Recruitment

Missouri is involved in a number of exciting activities to recruit families from other states. Two Resource Contractors with offices in various states including New York and Rhode Island train families in these states to serve Missouri's waiting children.

Missouri uses a national web site to feature waiting children. This has been a very successful recruiting tool that has sought placements in a variety of geographic locations including places as far away as Hawaii and Canada.

All home studies that come to Missouri from other states that are not targeted for specific children go to the Second Level Matching Team. Families from other states are matched with children every two months at the Second Level Matching meetings.

Missouri has border agreements with Kansas and Illinois to recruit, train, and assess families for adoption.

Inter-Country Adoption

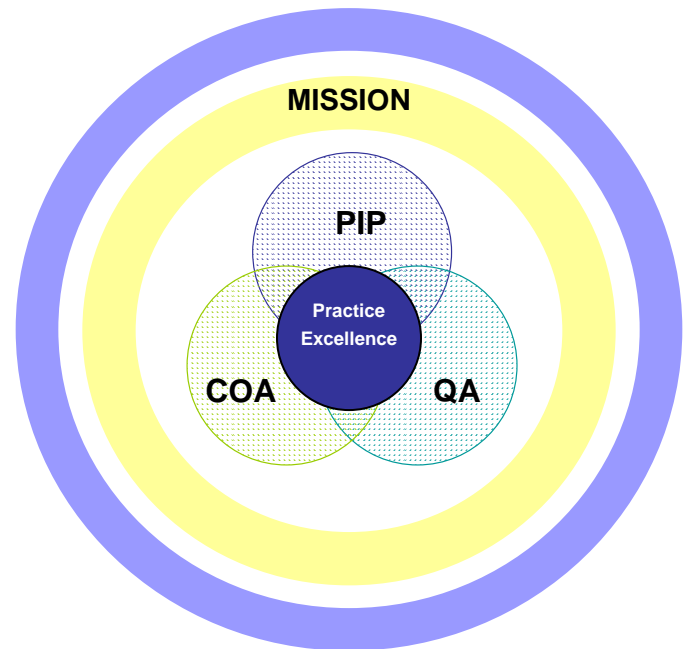
The CD is the licensing body for all child placing agencies in Missouri. Many of these agencies conduct international adoptions. The rules for licensing child placing agencies require that such agencies conduct a variety of adoption services. The adoption services provided to families adopting internationally include pre-placement planning, post-placement supervision, assessment of the child's adjustment into the home, and support services. Adoption disruptions are also assessed by the placing agency. The section of the child placing agency's rules pertaining to international adoptions is in the process of being revised.

CD collected information regarding children who are adopted from other countries and who enter into state custody as a result of the disruption of a placement for adoption or the dissolution of an adoption. No children who were adopted internationally entered state custody as a result of disruption of a placement for adoption or the dissolution of an adoption during FY2005.

- **Explain planned activities, new strategies for improvement, and the methods(s) to measure progress in the upcoming fiscal year.**

Strategic Planning

The CD believes the PIP, Continuous Quality Improvement (CQI), and efforts made toward achieving state accreditation through the Council on Accreditation, (COA) are intricately tied to one another. Over the past year the division has utilized the PIP as a roadmap for practice improvement with the CQI process functioning as a vehicle for change. During this time the division remains cognizant of developing solutions which meet best practice standards and are in alignment with our mission and principles.



Continuous Quality Improvement

The CD first initiated its formal Continuous Quality Improvement (CQI) process in 2000 by developing a CQI structure involving all levels of staff, implementing peer record reviews statewide, restructuring consumer surveys, instituting yearly staff surveys and developing twenty critical outcome measures used to monitor services provided to children and families. Despite staffing and fiscal setbacks, the division has continued to recognize the importance of preserving these CQI processes and staff has continued to participate and see achievements, both at a local and statewide level, through the CQI process

Quality Assurance

Using the PIP as a roadmap, the Quality Assurance (QA) Unit assists in analyzing the information produced by the data system, targets specific areas needing improvement and works with regional and frontline staff through the PET and other workgroups to develop local action plans. The QA Unit also partners closely with Regional Field Administrators to meet both regional and statewide quality assurance needs. All of the QA

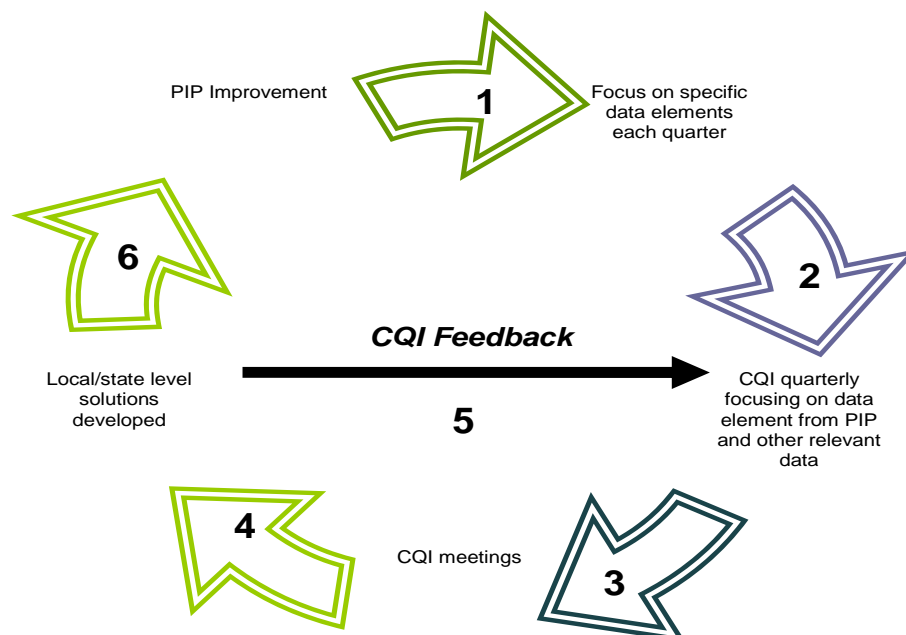
activities in which the division engages feed into a continuous quality improvement process. The QA data, the PIP, and accreditation best practice standards are used to inform and drive decision making in Central Office and in the field as illustrated below. Decision making based on these components results in CQI, a process to achieve positive outcomes for children and families.

With the assistance of the QA Unit, each circuit assesses PIP identified data measures, monitors them on an ongoing basis, and develops strategies to address areas needing improvement. The QA Specialists are responsible for reporting to the Central Office PIP/CFSR coordinator all PIP action step completed by the circuits.

In Focus Newsletter

In Focus is the quarterly CQI newsletter which focuses on one to two pertinent data elements as determined by the division's PIP and the members of the strategic planning unit. The *In Focus* quarterly newsletter is meant to provide guidance for the CQI Teams during each quarter. While teams are encouraged to use the *In Focus* Newsletter in their meetings, teams are not limited to discussing newsletter items only. Any service delivery issue is appropriate for discussion during CQI meetings.

This following chart illustrates how the PIP is used to focus the CQI process on salient PIP items and outcomes:



1. Using the PIP as a compass, it drives statewide focus on certain data elements to be examined in CQI by the whole state.
2. Using the CQI newsletter as a mechanism to focus the CQI meetings on the identified specific elements above, thus focusing all staff at one time on salient issues in the PIP. The CQI newsletter is disseminated to staff one week prior to the beginning of the first level CQI meetings.
3. Ongoing elements of the newsletter include:
 - Message from the director
 - Statewide trend chart on data element with discussion of COA best practice associated with this element and how it affects consumers
 - Links to trend charts for data element for each circuit
 - CQI calendar for the quarter
 - CQI success section
 - Statewide CQI meeting minutes link and summary of decisions made at state level from last quarter
 - Power of Prevention-quarterly article about success due to accessing early childhood services
 - Accreditation update
 - PDR calendar
 - Mission statement
 - PIP update for the next quarter
 - Update on COA Accreditation efforts
4. Local and state level solutions are developed and fed back into the next quarter's CQI newsletter.
5. Solution development leads to improvement in the PIP.

The "Big Eight" Circuit Improvement Plan

The division assumes accomplishing the benchmarks within the PIP will ultimately lead to practice improvement. However, in addition to activities underway in the PIP, it is clear the improvements must be made in larger jurisdictions in order for the state as a whole to pass the six federal outcome measures. These measures are inherently interconnected and must be analyzed as such.

In an effort to make movement in the statewide numbers, the Planning and Performance Management Section within the CD targeted the eight judicial circuits with the most children in custody. These eight circuits (Circuits: 22 - St. Louis City, 21- St. Louis County, 16 - Jackson County, 31 – Greene County, 23 – Jefferson County, 38 – Taney and Christian Counties, 13 – Boone and Callaway Counties, and 29 – Jasper

County) comprise 56 percent of the all children in state custody. Quarterly, for each of these circuits, five of the six outcome measures are calculated in addition to other contextual data elements. This information, in addition to the federal benchmarks and statewide averages are provided to the circuit manager and regional administrator. Individuals from the strategic planning unit, the QA unit, the regional administrators and circuit managers have quarterly conference calls to discuss each circuit's performance on the federal data elements. Circuits monitor performance in these areas and develop action plans for improvement where necessary.

"Big Eight" circuit managers indicate these quarterly conference calls and ongoing monitoring and local activities are beneficial, so they will continue throughout the next year. For FY 2007, the "Big Eight" will be expanded to the "Big Eleven" to represent 63 percent of children in care.

Accreditation

It is the division's intent and goal to meet standards of best practice established by the COA, as specified in House Bill 1453, passed during the 2004 legislative session. The division is demonstrating to COA that its programs, policies, procedures, and practices are in compliance with COA standards and therefore worthy of receiving accreditation notoriety. As funding permits, the division will continue to seek accreditation for judicial circuits on a case by case basis.

Four circuits, along with Central Office and the Child Abuse and Neglect Hotline, were selected to receive COA site visits in the first wave of the accreditation process based on their overall readiness to meet accreditation standards as determined by the circuit self-assessments. Site visits were scheduled during FYO6 beginning in March and ending in June.

In pursuit of best practice standards, staff members have worked to improve casework practice and documentation including but not limited to the following:

- CPR/Basic First Aid Training is now a requirement for all foster and kinship care providers in the first wave circuits to ensure they are equipped to handle medical emergencies that arise with children in their care. This requirement will be extended to other caregivers in each circuit that is put forth for accreditation.
- Cultural Competency Training is being offered and interview questions were developed to ensure that staff members are sensitive to diverse cultural traditions within the service population.

- Policies addressing clients' rights, communication with special needs clients, and safety of personnel have been developed or strengthened statewide to meet accreditation standards.
- Additional staff were contracted to reduce caseload sizes and supervisor to staff ratio.
- Job specifications were revised and are awaiting approval to increase educational requirements to ensure front line workers are adequately qualified to perform their jobs.
- Utilized the services of contractors which conducted mock site reviews.

Undergoing the accreditation process speaks to the commitment of the CD in advocating for and fulfilling its mission to ensure safety, permanency, and well-being for Missouri's children and families.

Practice Development Reviews

The Practice Development Reviews (PDR) use a performance appraisal process to determine how children and families are benefiting from services. Key indicators are used to examine outcomes for individual children and families and for the service system as a whole. Through this process, strengths and areas needing improvement are identified to achieve improved system performance, strengthened front-line practice, and better results for children and families. The PDR provides a combination of quantitative and qualitative data that reveal in detail the current status for children and their caregivers and the impact of the service system on their status.

2005 marked the first year the PDRs were decentralized. In April 2005, approximately 30 CD staff were provided with PDR reviewer train-the-trainer. Staff trained included all QA Specialists, six Central Office Quality Improvement staff, Circuit Managers, Sup IIIs, and a variety of other staff. In addition, 23 of these staff received an additional day of training on how to provide TA to circuit managers during a PDR. QA staff were required to attend at least one more reviewer training and participate in at least two PDRs before being asked to provide reviewer training.

A reviewer training packet and PowerPoint was developed, the PDR protocol blue book was updated, an excel template for aggregating data was developed, and a template for community presentations was developed. All of the above materials and processes were based on the Jackson County model for PDRs.

Beginning May 2005, nine "decentralized" PDRs occurred across the state. In 2005 a total of 117 cases were reviewed; 64 alternative care and

53 intact family cases. During a PDR, each case is rated on the child status and as well as how the child welfare system performed for the targeted child. Information gained through the PDRs is used to enhance the quality of services provided to families and children through providing direct feedback to front-line staff, supervisors, and administration. The QA Specialist in each region also provides presentation of the PDR results for the community.

Peer Record Reviews

The Peer Record Review (PRR) is a strategy designed to ensure that documentation of essential service components exist in the case record, provide objective input regarding quality service provision, and to identify systemic barriers to quality services. Intended to be supportive in nature, peer reviewers are asked to identify strengths as well as the areas of needed improvement and are expected to share their findings with staff through the use of the Peer Record Review Protocol. In addition to the CD worker gaining a new perspective, the review's knowledge and skill is enhanced. The CD has been conducting PRRs since 2002.

Completed on a quarterly basis, 10 percent of in-home and foster care cases statewide were randomly selected for review in the last year. The review included a sample of Child Abuse/Neglect cases, Family-Centered Service cases, and Out-of-Home Care cases that were open or had been closed within three months immediately preceding the quarter in which the review was being conducted.

Enhancing the PRR Process

All frontline staff have the opportunity to participate in the PRR process. To prevent a conflict of interest and increase objectivity, reviewers were instructed not to review any case in which they are or have ever been involved and even not to review a case from their own county if possible. The reviewers name was also removed from the protocol form. In addition to this procedural change, the PRR tool and process underwent several revisions including:

- Revising the tool to reflect current policy and to clarify questions which were confusing to staff. Also ensured the tool, instructions and database all matched.
- A memo was issued to all CD staff, discussing changes to the PRR process and made the following specific recommendations to increase the integrity of the PRR data:

- The Peer Record Review process is intended for front-line staff (Children's Services Workers) to participate in reviewing cases, not supervisors or specialists.
- There should be a balance between new and experienced staff reviewing cases during the PRR process with all staff having an opportunity to participate in reviews during the course of the year.
- New workers should be trained on the PRR protocol/instructions prior to reviewing cases.
- The PRR Site Coordinator should be available to answer questions about the PRR protocol/instructions during the review process.
- The entry database was enhanced so demographic information was automatically populated.
- The entry database was enhanced so PRRs could be cross checked to ensure non-sample cases were not substituted for the sample cases. The enhancement also allowed for easier tracking of completions by central office.
- In May 2005, the QA Specialists received in depth training on the PRR database enhancement and began taking over the task of monitoring PRRs for completion in their regions.
- In June 2006 the PRR tool, instructions and database were revised to reflect new changes in policy.
- By December 2006, the QA Unit will develop a PRR training for use by field staff.
- PRR is being built into FACES currently and is expected to be fully automated in late 2007 according to the SACWIS schedule.

These enhancement activities have caused a deflation in the PRR data in many areas making the information more reflective of actual practice in the field.

Adoption PRRs

In January 2006, the division began reviewing adoption cases on a quarterly basis instead of twice a year in conjunction with the meeting of the Second Level Matching Team (SLM). Each SLM team member brings the adoption cases and two adoption specialists for Jefferson City for the review. This allows more frontline staff to participate in the PRR process.

Child Abuse and Neglect Hotline Unit (CANHU) PRRs

As required in the PIP, the Child Abuse and Neglect Hotline Unit (CANHU) in conjunction with the QA Unit developed a peer review system at the hotline unit. Ten percent of all calls are automatically sampled for peer review and automatically forwarded to a hotline worker for review.

In October 2005 a PRR tool was added for CANHU. In January 2006, CD began collecting and analyzing results for improved outcomes. The analysis revealed that the tool seems to achieve the goal of being a quick to complete instrument for reviewing calls. Dual reviews (each case being reviewed by two staff) will continue until there is more conformity in the review results. It is hoped that the reviewer agreement rate can be increased to at least 90 percent for each question before the review data can be used to properly inform the agency on strengths or needs in practice at the hotline. In the future, if a case does not pass peer review it will automatically be forwarded to a CANHU supervisor for review.

Child Welfare Supervision

CD is cognizant that the most stable element of the child welfare system is front line supervisors. They are the keepers of the agency's culture, and in order to introduce and achieve systemic change, their involvement and support is crucial. During 2005 there was a request made for training and technical assistance (T & TA) to NRCOI to assist the CD in addressing enhancing supervisory training and support. A Supervision Workgroup was formed and supported through technical assistance provided by staff and consultants of the NRCOI.

In January 2006 the workgroup produced a Strategic Plan for Child Welfare Supervision which was presented to CD Administration. The Plan addresses strategies in four different areas:

1. Supervisor Training.
2. Supervisor Support.
3. Casework Practice.
4. Management/Administrative Supervision/Communication/Community.

The workgroup also recommended the following serve as the CD's expectations about the structure and practice of clinical and administrative supervision:

- Individual supervision for each worker scheduled once per week, especially for new workers.
- Regularly scheduled group supervision, i.e. unit meetings.
- Training supervisors on using available data for weekly individual meeting or monthly group meetings.

In addition to providing training for supervisors, the workgroup also developed several recommendations for the support of supervisors including:

- Bi-monthly opportunities for supervisors to meet with their supervisors.
- Monthly peer to peer meeting to meet with other supervisors.

- Clearer access to clinical case consultation.
- Reduction of non-essential tasks to increase time for clinical supervision.

The Supervision work group will continue to meet quarterly to monitor and ensure progress is made in the Strategic Plan throughout CY 2006. The group will continue to be assisted by the NRCOI.

Supervisory Case Review Tool

An initial draft of Supervisory Case Review Tool (SCRT) was developed and tested in November 2004 using the Practice Development Review (PDR) process. Feedback from PDR reviewers indicated the tool had limitations for use in PDR process. In June 2005 selected supervisors and specialists met with the National Resource Center on Organizational Improvement (NRCOI) regarding supervisory training, support and development of standardized a SCRT.

The SCRT undergone several revisions in 2005 and early 2006. Policy citations were also included in the tool. Policy staff was asked to review the SCRT to ensure the accuracy of the citations and further revisions were made as needed based on feedback. Once the tool was finalized, a Train the Trainer package was developed and posted on the employee Intranet. The training package identifies the philosophy behind the Supervisor Case Review Process, introduces the tool and provides training participants an opportunity to test the tool by reviewing a simulated case record.

Selected Children's Service Specialists from each region attended one of four Train the Trainer sessions. The Specialists are responsible for training and supporting all supervisors in their regions on the Supervisory Case Review Process by June 30th. The case review process will begin in early July, 2006. During the first week of July, each Circuit Manager will receive a random sample of cases selected for review. It will be the responsibility of the Circuit Manager to provide this information to the supervisors and to ensure that the cases are reviewed at some point during the month. Review lists will be provided on a monthly basis, thereafter.

The SCRT addresses child safety and well-being, as outlined in the Child and Family Services Review. Supervisors who oversee investigators and assessors will review two completed hotlines from each worker each month. Supervisors who oversee FCS and out-of-home care cases will review one child/case for each worker each month. Once a child/case has been reviewed, it will not be selected again for at least 12 months.

As the case reviews are completed, the results will be collected in two ways. First, the data from all reviews will be sent to a database located in Central Office. The information from the statewide reviews will be compiled and posted on the intranet quarterly. Second, the information will be sent to a local spreadsheet housed on each supervisor's computer allowing the supervisor continual access to the reviews they have completed. Supervisors will be able to ascertain strengths and areas of need for the workers in their units. Supervisors are encouraged to use this information during case consultations to assist workers to improve child welfare practice with the children and families served.

The SCRT and process are intended to support the front-line supervisor in providing staff with enhanced clinical supervision. The tool is structured in such a way that the supervisor will not only be able to determine if policy was followed, but also to examine the quality of the work being completed with children and families. In turn, the supervisor will be able to utilize this information during supervisory conferences with their workers. The process will encourage and support supervisors in teaching staff to recognize how current policy requirements and day-to-day decisions impact the safety, permanence, and well-being of Missouri's children.

Practice Enhancement Teams

Whether determined by examination during CQI meetings or as a result of discussions during "Big Eight" conference calls, the central office or individual circuits may convene an issue specific workgroup called a Practice Enhancement Team (PET). PETs include a variety of members based on the issue of concern. This year PETs were developed at the state level to address data inaccuracy, make recommendations for visitation in the field, examine safety across all program lines, and to determine supports necessary for supervisors.

Visitation and Safety Workgroup

In addition to the T & TA requests to NRCOI, the CD was approved to receive assistance from the national Resource Center for Child Protective Services (NRCCPS). In May 2005, the Visitation workgroup was convened to review current policy and practice on visitation through CD's continuum of services. After a thorough review, the workgroup provided recommendations for a comprehensive visitation policy that addressed safety, quality, purpose of visits, frequency, guidelines, and how to increase compliance. Various visitation forms and checklists were developed. Policy was developed from these recommendations. Once SACWIS Case Management is on line, it will have the capacity to track worker visits. NRCCPS reviewed the work group's recommendation and provide input regarding visitation.

The Visitation Workgroup was also charged with addressing child safety issues at and throughout placement. In November 2005, the NRCCPS conducted a comprehensive assessment of safety “across the board” by evaluating the CD’s approach to safety. NRCCPS thoroughly reviewed policy, practice, procedure, information systems, staff development, supervision, program management and quality assurance. This “audit” of safety was shared with the Visitation Workgroup and safety recommendations were included in with those of the Visitation Workgroup. In addition, NRCCPS reviewed the recommendations of the workgroup.

Statewide Automated Child Welfare Information Systems (SACWIS) & Family and Children’s Electronic System (FACES)

Missouri continues the process of developing a single statewide system that is fully SACWIS compliant. The intent for establishing requirements for the development of an automated case management system is to provide child welfare staff with an improved automated tool that will reduce or eliminate paper processes, redundant data entry, manual processes, and many other time consuming administrative processes. The CD is committed to SACWIS development to benefit Missouri’s families and staff. FACES is Missouri response to SACWIS requirements.

Investigation and Assessment

The design for Investigation & Assessment has been completed. The new system has undergone extensive testing, including User Acceptance testing. Training and implementation occurred in one circuit during the months of January and February 2006. Statewide implementation was scheduled to occur during the months of March through May 2006. Statewide systems training and conversion of Legacy data system has occurred during March through May 2006. CD's current Child Abuse/Neglect Legacy system will be retired after statewide conversion.

Case Management

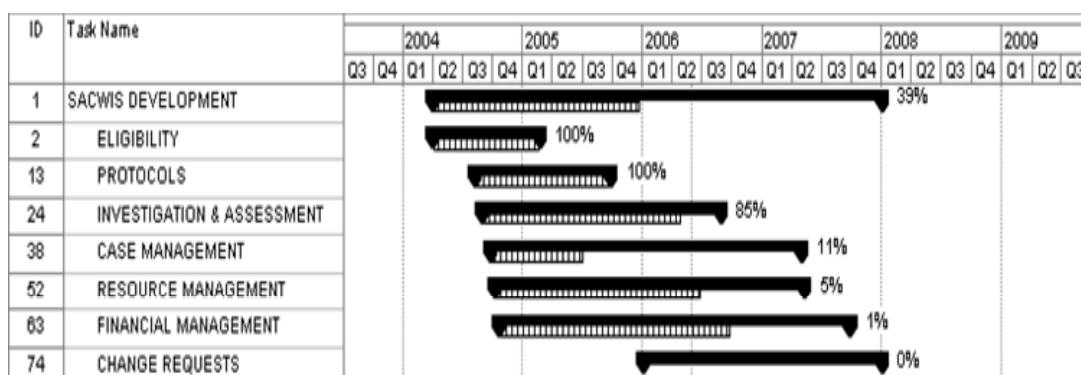
CD staff statewide has been assisting in information gathering for the business requirements for case management. Walk-through sessions have been held with the user group to confirm the accuracy and completeness of the documented business requirements. Drafting of the design has started. Beginning in November 2005, monthly meetings were held and continued through March 2006 to walk through the proposed system functionality to help ensure the designed automation will meet the needs of CD staff with case management responsibility. Design walkthroughs were conducted and user sign-off will be obtained.

Programming will occur February 2006 through July 2006. Application testing, regression testing and User Acceptance Testing will occur July 2006 through August 2006 with pilot implementation/conversion in September 2006 and statewide conversion to follow into 2007. Systems training will be conducted immediately prior to conversion of each Circuit.

Resource Management & Financial Management

Business requirement gathering will begin in July 2006, with analysis and design efforts to follow and continue into 2007. Resource Management provides for the maintenance and monitoring of information on service providers, including prevention programs, placement services, and foster care providers. It includes functionality to maintain and update foster and adoptive home information, licensing decisions, trainings received, violations and revocations, and required AFCARS information. It also includes the functionality to collect and maintain provider information such as license/certification status, types of services, level of care compliance and cost of care. In addition, it will also include an automated resource directory that provides an inventory of available resources and services.

Financial Management provides automated tracking and management of financial transactions, in conjunction with the Statewide Accounting Management (SAM II) system. Accounts payable, accounts receivable and claims information will be included.



One Church One Child

As of February 28, 2006 there were 747 African American children in the state of Missouri with a goal of adoption. One Church One Child (OCOC) Adoption and Foster Care is mandated in Missouri law, section 453.153. This program is known as the “Missouri, One Church One Child” program. This action mandated the Director of Social Services to develop and implement a program to work through local churches to find

adoptive placements for minority and hard to place children. This program closely models itself after the nationally recognized special recruitment program founded by Father George Clement, pastor of Holy Angels Church in Chicago. This mission is much like the National One Church One Child program to recruit appropriate African-American families for African American children available for adoption.

The CD and Faith Partners hosted a two-day conference on September 26 and 27, 2005. The conference goal was to strengthen and build relationships with local communities in an effort to support Missouri's families. Conference workshops addressed prevention, federal funding for faith based initiatives, recruitment and retention of foster and adoptive parents, child advocacy, children in need of placement, One Church One Child, Adoption Subsidy, and how to support families and foster care through local congregations.

Various faith communities, juvenile court staff, resource families, contractors, and CD staff participated, with approximately 200 persons in attendance. A networking social hosted by the Adoption and Foster Care Coalition allowed informal discussions on how the faith community can support the child welfare system in protecting children, remove barriers to collaboration, how to educate their communities, and what needs to happen next in their communities.

IV. Collaboration

- Describe activities in the ongoing process of coordination and collaboration efforts conducted across the entire spectrum of the child and family services delivery system. This should include shareholder or partner involvement in the review of progress made and updates for the coming year.

Community Partnerships

Missouri's implementation of the federal Family Preservation and Family Support Services Act originated from several community and state initiatives. St. Louis Walbridge Caring Communities Program demonstrated the importance of neighborhood-based efforts linked to schools. The Family Preservation Initiative showed the value of cross-agency planning and program implantation. By developing community-based supports and services, the aim is to enhance the well-being of children, which is inseparable from the well-being of their families and the stability and economic viability of the communities where they live.

The Family and Community Trust (FACT) renamed from Family Investment Trust (FIT) imposed a deepening of partnerships and established a reporting system for six benchmark measures.

In the past few years the Community Partnerships appropriation has consistently been reduced and our partnerships have been called upon to do more with less each year. At this point in SFY-06 the Community Partnerships are leveraging on average \$10.30 for every dollar they receive and generate 95,884 volunteer hours in their communities around the state.

The FACT Board of Directors continues to lead the efforts as the policy body for the work of Missouri's Community Partnerships. This year for the first time in many years, the Board enjoys full membership: eight public sector members and nine private sector members. They come together as a Board four times each calendar year. They met recently to reaffirm their commitment to the mission statement and role they agreed to when they were created. They intend to focus on strategic planning efforts in their upcoming meetings in order to do long range planning.

Each year in September as a component of our state contract with each Partnership they report on various strategies that are working to improve conditions for children and families in Missouri. These results are assembled into a Community Results Reports and are published on the

web at www.mofact.org. The Community Result Reports are shared with the state legislature and are included in this report.

Fathers for Life – Incarcerated Fathers Collaboration Project

Children of incarcerated parents are at increased risk for educational, social, and emotional problems. Often incarcerated fathers and fathers on probation or parole: 1) have limited interaction with their children, impeding the development of positive father/child relationships; 2) lack parent education and father role models, leaving them ill-prepared to emotionally and financially support their children; 3) have difficulty interacting effectively with their children's mother; and 4) lack access to community support systems that encourage and sustain their positive, effective parenting upon re-entry into society. Families with incarcerated fathers address such multiple challenges as single parenting, stigma, legal challenges, lack of child care, and poverty.

The Administration for Children and Families has funded a planning grant with the purpose of identifying and providing resources and supports for families of children in or eligible to enroll in Head Start or Early Head Start with an incarcerated father or father under the supervision of the Board of Probation and Parole. The Family Support Division (FSD) contracted with the University of Missouri-Kansas City Institute for Human Development (UMKC-IHD) to evaluate their Strengthening Families and Fatherhood: Children of Incarcerated Fathers Project. UMKC-IHD collected data from four sources:

- Focus groups of fathers on probation or parole who have young children,
- Focus groups of mothers and other caregivers of children in Head Start who have incarcerated fathers,
- Surveys of Head Start staff and,
- Surveys of Probation and Parole staff.

In the focus groups, participants elaborated on their family relationships, the impacts of involvement with the criminal justice system, and the supports that would help them. The emergent themes include: parenting, children's, financial and systemic issues; father/child relationship; availability of community services and resources; family support; and education.

FSD was awarded implementation funding effective July 1, 2005. Since the implementation, the program was renamed Father's for Life.

The goal and objectives as outlined in the proposal are:

Program Goal: Strengthen low income families with children that have an incarcerated father or a father under supervision of the probation or parole system.

Objective 1: Support children currently enrolled in Head Start who have incarcerated fathers, and increase referrals of eligible children with incarcerated fathers into Head Start.

- Increase opportunities for children to thrive through effective parenting of mothers and fathers and sensitive care-giving of Head Start staff, based on the increased availability of parent and staff training.
- Increase the access of children to their fathers through provision of transportation for visits, supervised visitation during probation/parole, and development of closed-circuit television visitation options.
- Improve the screening, assessment, and referral of children for supportive services by Head Start personnel and other professionals.
- Increase the materials available at Head Start to help children cope with having an incarcerated parent.
- Increase the referral of eligible children with incarcerated fathers into Head Start through new interagency partnerships and referral protocols.

Objective 2: Provide parenting support to incarcerated fathers and fathers released for probation/parole whose children are enrolled in Head Start or eligible to enroll in Head Start.

- Provide long-term support groups for fathers (e.g., Long Distance Dads and Foundations of Fatherhood).
- Provide group parent education classes, individual coaching, and linkage with mother/child parent education services, with a focus on children ages birth to five years (e.g., Parents as Teachers training).
- Provide information and referral for employment and job training opportunities (e.g., Parents Fair Share program).
- Provide fathers with a brief overview of their rights and responsibilities as fathers, strategies for interacting with the mothers of their children, strategies for bonding with their children, and resources for parenting (e.g., Proud Parents).
- Provide needed supports to facilitate father/child contact (e.g., transportation, closed-circuit television visitation, supervised visitation).

Objective 3: Improve family well-being for families of children enrolled in or eligible for Head Start, whose fathers are incarcerated/on probation or parole.

- Provide couple skills training/counseling for mothers and fathers who are incarcerated or on probation or parole.
- Provide opportunities for family mediation to mothers and fathers.
- Provide parent education classes for couples at Head Start.

Objective 4: Provide training and resources to Head Start teachers, service coordinators (e.g., family advocates or family liaisons), and other professionals working with children of incarcerated parents and their families.

- Develop a statewide listserve for interested Head Start grantees to access information concerning the issues of incarceration for children.
- Increase access to training for Head Start personnel and other professions working with this target population.
- Add materials and resources to Head Start programs with a high incidence of children who have incarcerated fathers.

Objective 5: Develop a statewide plan to address the effects of incarceration and poverty on young children and their families.

- Connect the existing stakeholders in Missouri through collaborative planning, distribution of responsibilities, and joint decision-making. Include representative fathers who are incarcerated or on probation and parole and mothers of children in Head Start in the planning process.
- Assess the scope of the problem and the statewide resources available to address it.
- Develop agreements that systemically build the safety net for all Head Start-eligible children who have incarcerated/released fathers, regardless of their geographic location. This will include the establishment of statewide protocols for providing referrals to fathers and families and for assigning service coordination.
- Build a mechanism for mobilizing resources to the geographic areas with the highest incidence of need.

Children currently enrolled in or eligible to enroll in Head Start or Early Head Start with incarcerated fathers or fathers under the supervision of the Division of Probation and Parole will benefit from increased involvement with both parents, improved decision-making by both parents and decreased conflict between parents. They will also benefit from less intimidating visitation environments, which are more developmentally appropriate and conducive to building positive father/child relationships.

Fathers who are incarcerated or on probation or parole with children enrolled in or eligible to enroll in Head Start or Early Head Start will

derive self-esteem as they create or re-establish their roles as active parents who take responsibility for their children's emotional and financial needs. Fathers will gain knowledge about positive parenting and child development, resulting in greater involvement in decision-making about their children. Fathers, upon their release, will spend more time with their children; demonstrate increased parenting knowledge in their interactions with their children; promote their children's health, education and well-being; interact more effectively with the custodial parent; and provide more reliable financial support.

Families with children enrolled in or eligible for Head Start or Early Head Start with an incarcerated father or a father under the supervision of the Division of Probation and Parole and will ultimately benefit from increased financial support for their children and community resources addressing their family's needs. They will gain improved relationships with the children's father and partnership in child-rearing decisions and providing for their children's emotional needs.

Head Start/Early Head Start staff and other professionals working with children of incarcerated fathers and fathers on probation or parole will benefit from specialized training and increased resources to meet the needs of the families affected by incarceration.

Other Systems will benefit from improved relationships among state agencies as they continue to develop strategies for cooperating to achieve mutual goals and objectives. In particular, Department of Corrections, Department of Elementary and Secondary Education, University of Missouri, and the judicial system will continue to expand collaborative relationships with the Family Support Division.

Partnerships that have been formed for this grant including:

- DSS – FSD and CD
- Missouri Head Start State Collaboration Office
- Department of Corrections
- Division of elementary and Secondary Education
- Office of State Court Administrators
- Division of Workforce Development
- UMKC-IHD
- Parents as Teachers National Center
- Children's Services Commission
- United Methodist Churches of Missouri
- University of Missouri – Columbia, Outreach and Extension

The approach uses existing networks and builds on previous successes, as well as lessons learned from the current Incarcerated Fathers Collaboration Project. The proposed project focuses on partnerships to promote efficiency within statewide systems and the usage of already available technology, such as that available through University Outreach and Extension offices and Head Start programs in every county, along with Probation and Parole offices. Built into this approach is the potential for making resources available throughout the state, including both remote rural areas and impoverished urban areas. The likelihood for success of this project is greatly enhanced by the expanded collaboration that the identified agencies have already experienced. Together they underwent a strategic planning process, in which they placed a high priority on serving children and families of incarcerated fathers, fathers upon their release to probation and parole, and practitioners who work with these populations. They eagerly embraced the opportunity to continue to work cooperatively and collaboratively on this project, a work that will be extensive and multi-disciplinary.

It is anticipated that many interventions developed for this project will be absorbed into Head Start and partner agency practices as an integrated part of their services for all fathers in the coming years. Statewide system change stemming from this project is expected to result in long-term improvement in outcomes for families who are involved in the criminal justice system. The improved interagency awareness and partnership emerging from statewide professional development opportunities also promote changed practices in professional interactions with families.

In year 2 and 3 of this project, collaboration of the statewide steering committee will be maintained, as well as maintaining communication, including dissemination of information through a website and a listserve. Fathers will be surveyed after one year of participation. Strategies for statewide recruitment will be developed to recruit fathers and families in additional geographic areas and services expanded. A process evaluation will be conducted annually until the end of the project.

Healthy Marriage Initiative

In seeking to improve the well being of children and families, staff from the FSD is in the process of writing and applying for the Healthy Marriage Initiative grant. The emphasis will focus on marriages that provide strong and stable environments for raising children. There will be four main objectives:

Objective 1: Prepare low-income unwed expectant and new parents for successful, healthy marriages.

Marriage education opportunities and couple and relationship skills classes and activities will be offered to low income unwed expectant and new mothers and the fathers of their child. Project staff, will work closely with the families, will encourage class participation and involvement in follow-up sessions designed to provide hands on learning opportunities.

Objective 2: Increase opportunities for children to benefit from effective parenting by both their mothers and fathers, based on the increased availability of parenting education and support.

Parent education classes will be offered to expectant and new parents that address positive parenting strategies, child development and meeting the emotional needs of children. Individualized sessions with a parent educator will be offered to mothers and fathers to prepare them for effective and supportive parenting. Other activities will include providing access to parenting books and videos, information and referral for resources, opportunities to participate in parenting support groups and structured parent/child activities.

Objective 3: Increase the economic status and stability of low-income unwed expectant and new parents.

Support services to be offered will include:

- Consumer and household finance classes/seminars will be offered to assist with managing family finances and budgets.
- Employment activities to include opportunities for job training, career advancement, and employment mentoring programs.
- The provision of transportation to access needed services.
- Risk assessments to identify signs of potential child abuse or domestic violence will be conducted with identified families and appropriate referrals for family interventions made. Project staff will be trained to identify signs of potential risky behaviors and the knowledge to respond appropriately.

Objective 4: Build an infrastructure of community support for healthy marriages.

A community development model designed by University of Missouri-Columbia's Community Development Academy will be replicated for low-income unwed expectant parents through the development of local stakeholder groups. DSS will work with community agencies and organizations to incorporate sustainable interventions that enhance parenting skills and advocate for healthy marriages.

Positive Youth Development

While the CD is not involved in a federally funded Positive Youth Development (PYD) Initiative, the agency has taken a PYD approach to developing services for children and youth. A decision was made by the department to utilize private contractors and to take an in-depth look at current outcomes, policies, and practices. An Older Youth Workgroup was convened to research and make recommendations to create a program that is financially responsible, accountable and sustainable and meets the needs of the youth.

The workgroup consisted of 11 staff from across the state. They were charged with making recommendations to enhance the state's initiative for addressing the needs of youth ages 14-21 moving from foster care to independence.

Three general recommendations the workgroup deemed essential were:

1. Creation of the *Older Youth Transition Action Teams*. Older Youth Transition Action Teams from the community will be identified in each county or circuit who could directly affect and assist with the outcomes of older youth and identify additional youth specific team members. These individuals would consist of but not be limited to the youth, CD staff, Workforce Development representatives, educational professionals, vocational educators, guidance counselors, direct caregivers, juvenile court representation, GAL's, CASA, parents, relatives, friends, and other individuals who could support older youth. This team would assist in identifying youth specific team members who can help each individual youth in transition planning, employment, educational assistance and direct support while in care and beyond. The Older Youth Transition Action Teams, as well as the youth specific Family Support Team, will meet the requirements for FST and PPRT timelines and will evaluate and update the Adolescent FST Guide and Individualized Action Plan.
2. Utilize a comprehensive *Adolescent FST Guide and Individualized Action Plan*. The Adolescent FST Guide and Individualized Action Plan is a comprehensive document to guide team members through the FST process. This individualized plan will identify the youth specific team members, the identified individuals for a youth support system, long term goals for the youth and life skills assessment and continued evaluation. Life skills categories to be assessed and evaluated include education, daily living skills, money management, housing, health/self care, social relationships, transportation, career planning/work issues, and other information relative to each child

age 14 and older. Life skills assessments would be evaluated and specific plans would be developed to address identified needs. This guide will be reviewed and updated at every team meeting for an accurate account of the youth's current situation and will be a foundation for permanency recommendations.

3. Incorporate into the Child Welfare Manual a chapter designated entirely to working with older youth in care (14 and over). The CD policy manual will be updated to include a chapter of all activities related to older youth in care, as well as integrated throughout the manual to related subject areas. This chapter will be easily accessible and will contain only that information related to working with youth age 14 and older.

In addition to the general recommendation, specific recommendations were also provided including the following:

1. Placement Provider Training and supports - The *Ready Set Fly* training curriculum is currently the only specialized training Missouri provides its foster parents of youth ages 14 and older. The workgroup recommends that training should be created specifically for those placement providers working to transition youth towards independence and would include specific requirements and expectations to help ensure educational needs are being met and that practical application of life skills activities are a part of the transitioning process. All placement providers for older youth would be required to assist youth in life skills application and required to monitor, evaluate and document progress.
2. Transition Planning – A large part of the *Transition Planning vs. Exit Plan* recommendation is built into the Adolescent FST Guide and Individualized Action Plan and the circuit's ability to formulate consistent and productive Older Youth Transition Action Teams. The main emphasis is to ensure youth receive an individualized, team approach to meeting their needs and providing supports and resources for them to successfully transition to independence. The CD currently uses a one time completion "EXIT PLAN" that is actually completed at the time the youth is released from care. This process does not provide the youth a plan for future needs nor address their current situation. Some of the recommendations from the workgroup include: creating an Adolescent FST Guide and Individualized Action Plan; require circuits to identify an Older Youth Transition Action Team; provide training on transition planning and how to use the Adolescent FST Guide and Individualized Action Plan to staff; staff to receive training on specific adolescent issues unique to youth ages 14

and older; and maintaining flexibility within the circuits to identify specific adolescent units or workers.

3. Wraparound – The CD is cognizant that the agency alone cannot provide all of the services, needs and resources to successfully help transition youth to independence. A *Wraparound system* must be in place. The current wraparound system is based on service referrals not specific needs. Referral resources are identified and general recommendations are made without identifying specifically what each child needs to meet their specific individualized goals.

The wraparound systems approach would include the initial Older Youth Transition Action Team, as well as the youth specific family support team meeting, where the youth's goals, support system, life skills assessments and specific needs of the youth are identified and documented. Follow-up FST's must include the youth specific team members that will help implement and assist youth in meeting their needs and goals. Older Youth Transition Action Teams must receive training specific to the needs of older youth. Community programs and partners must be identified. Cross training on program guidelines developed for each Older Youth Transition Action Team member.

4. Education – The workgroup sought information from numerous individuals including educators, CD employees, and various program providers. They completed surveys, had group discussions, individual interviews and reviewed numerous websites and literature. Their findings indicate that Missouri has deficiencies related to educational needs of foster youth as stated earlier. Multiple school transfers, need for consistent adult advocates, lack of educational planning and communication have been identified as barriers within Missouri's current system.

This workgroup also determined that the CD does not obtain pertinent educational information on a consistent basis from school personnel or utilize this information to address educational levels and needs. It appears that educational needs are often only recognized in emergent situations. Youth that continue to post-secondary education often lose any supports they had while in foster care.

Some of the educational recommendations include:

- A. Identify the educational assessments utilized by the school districts.
- B. CD staff to become informed of those assessments and request they be a part of the FST process.
- C. Address education needs, goals and aspirations during every FST - school documentation and other pertinent data needed during FST

is included in the Adolescent FST Guide and Individualized Action Plan.

- D. Include educational professionals in goal planning - part of the circuit requirement to create Older Youth Transition Action Teams.
 - E. Provide training to staff to ensure positive advocacy, training in the IEP process and any other information necessary to communicate with school districts.
 - F. Track individualized educational levels/credits for the youth.
 - G. Document the youth's specific educational plan/goals.
 - H. Provide individual tutors, mentors or adult contacts when needed; including aftercare youth.
 - I. Maintain consistent contact with all youth in post-secondary education - provide stipends for survey completion, etc.
 - J. Insure access to resources for youth directly entering the workforce through vocational rehabilitation, workforce development, union programs, etc. as identified in their individualized action plan.
5. Independent Living Life Skills groups – Life skills training classes vary widely throughout the state and differ with each instructor and Independent Living Program Specialist. The curriculum is consistent in that there is a CORE curriculum. The length of time to complete group, the specialized topics, ages of youth allowed in group, the number of times a youth may attend group, and evaluating a youth's progress are all major disparities regarding the Life Skills training classes.

Monitoring the progress of youth as they study and learn various topics is an important aspect in a youth's goal of independence. The following recommendations were provided:

- A. The current *core* topics should continue to be utilized and available for every youth ages 14 and older and provided in a uniform, standardized format.
- B. Group learning should continue, however, be flexible due to various placement providers such as foster homes, residential facilities etc.
- C. Groups should be open-ended - youth moving from one location to another should be able to immediately begin attendance anywhere throughout the state
- D. Groups should be available year around and state wide.
- E. Individualized instruction for youth should be available on a one-on-one basis when needed.
- F. Application of life skills must be documented and outcomes reported on the Adolescent FST Guide and Individualized Action Plan.

- G. Foster parents of older youth should be required to assist, monitor, and report application completion in a timely manner to receive additional payment.
 - H. The Life Skills curriculum should be available for lower functioning youth on a one-on-one basis when needed.
 - I. Life skills curriculum and group expectations should be included in foster parent training for those providing care for older youth.
 - J. Contractors should be made aware of specific deficiencies identified during the FST process and addressed with the youth.
6. Life Skills Assessment – Consistent assessment in education and life skills is the basis for providing services to our youth. When researching Assessments and Assessment materials, there were numerous documents and evaluations. While the CD converted to using the Ansell-Casey Life skills Assessment, some staff continue to use Daniel Memorial Assessment. Life Skills Assessment recommendations include:
- A. Utilize the Ansell-Casey Life Skills Assessment
 - B. Require the input of assessment data
 - C. Report assessment data information at Older Youth FST
 - D. Have an assessment due date field in SACWIS.
7. Aftercare Services – Aftercare service planning must occur while the child is still in the state’s custody. Supporting the youth must include a foundation of personal supports as well as monetary support. The success in providing Aftercare Services hinges on our ability to retain contact with the youth after custody is relinquished. The following recommendations for Aftercare Services include those activities that must take place while the child is still in care.
- A. The youth must identify 5 adults for their support system and all contact information must be included in the Adolescent FST guide
 - B. The youth’s needs must be identified on an ongoing basis to ensure proper supports are available
 - C. Transitional Medicaid should be provided to aftercare youth who are employed or in educational activities
 - D. Increase the Chafee Lifetime monetary limit to \$5,000 per youth
 - E. Eliminate the current monetary category limits
 - F. Work with courts to eliminate early release from care
 - G. Ensure that youth are aware of supports prior to release from care/discussions and information shared during FST meetings
8. Utilizing Chafee Funds – Utilizing Chafee Funds has been an ongoing process within Missouri’s planning process for older youth. There have been numerous changes in how we utilize Chafee funds and numerous changes in the CD policies for using these funds. The Chafee Act does include maximum allowable expenses; however, there

are few stipulations on “how” the funds are expended. States throughout the nation vary greatly on how they utilize Chafee funds.

The following recommendations will require changes in the state’s child welfare policy and the state’s five year plan. This is a daunting task and may not be fiscally possible however, in order to support the changes these recommendations are as follows:

- A. Provide Transitional Medicaid to youth exiting foster care system if transitioning to an independent placement and successfully enrolled in an educational program and/or employed.
 - B. Have a data system to support tracking of dollars spent for each youth.
 - C. Provide additional monetary support to foster parents who promote opportunities with education and employment. These supports would include reimbursement for transporting youth to work, training, extra curricular activities such as band practice, after school events, club activities, college tours, and other independent living supported activities.
 - D. Provide a \$500 dollar per youth stipend for successful completion of high school or the receipt of a G.E.D. certificate.
 - E. Eliminate the numerous maximums currently in the state plan and policy with the exception of the maximum lifetime limit and the limits identified by Chafee guidelines. Limits that currently exist in the state plan and policy include, Crisis Intervention, auto repairs, utility payments, food, rent start up kits, furniture, etc.
 - F. Allow the youth’s FST team members to identify needed supports and limits for each youth to ensure that the youth are receiving goods and services actually needed with a maximum lifetime limit of \$5,000 per youth.
9. Data Collection and Statistics – The lack of specific data has two major flaws; 1) the inability to accurately report outcomes and 2) the inability to identify needed program changes. Missouri does not currently have a formalized means of data collection. The data that is available is not used to address needs. The major specific recommendation is identifying data resource needs to be captured in SACWIS to enable specific older youth data collection.

Community Quality Assurance Committee

While there are common obstacles that CD staff face through the state, each community has different needs. Committees, boards or other types of community collaboration are form based on that need. One example of a local collaboration is the Community Quality Assurance Committee (CQAC). The membership of the CQAC consists of professionals from child welfare or related disciplines to encompass a broad spectrum of

professions so as to create a multi-disciplinary perspective within Jackson County.

The purpose of the this committee is to provide external advisory and advocacy feedback to the CD concerning its functioning and operations and to ensure, through independent community advocacy, that program, policy and practice improvements gained through the implementation of the G. L. v. Stangler Amended Modified Consent Decree are continued. Specifically, the CQAC is to provide this oversight through a systematic review and evaluation of child welfare practice areas, including, but not limited to: placement, safety, permanency, adoption, health care, service provision and administrative concerns such as caseloads and staff training.

The CQAC works to ensure that each practice area is reviewed and evaluated, at a minimum, every 18 months. After each review, the CQAC issues recommendations to CD. In turn, CD considers and provides a response to the recommendations. In the past year the CQAC has worked on a review of children ages ten and under in a residential treatment facility. A subgroup of the committee is working on and nearly completing a proposal for the CD on how to move children to a lesser restrictive setting. Another subgroup has met with a local education collaborative on addressing educational issues of foster children.

Office of State Courts Administrator

Representatives of the DSS serve on the Juvenile Court Improvement Project Steering Committee and the Juvenile Court Rules Workgroup, both subcommittees of the Family Court Committee of the Supreme Court of Missouri.

Missouri Juvenile Court Improvement Project (JCIP)

Missouri's JCIP strategic plan requires legal and judicial participation in the CFSR process, a mandate that was addressed on three fronts this year. First, through a contract between the Office of State Courts Administrator (OSCA) and the CD, multidisciplinary training required by the PIP was provided. Second, courts were advised of the specific areas for improvement involving judges and other juvenile court staff that were contained in the PIP. All were encouraged to support and participate in the reform efforts. Finally, staff from the OSCA agreed to serve on the PIP Advisory Committee, a multidisciplinary group whose purpose is to identify strategies for improving outcomes in child welfare cases.

Title IV-E Foster Care Eligibility Review:

In July 2005, CIP staff participated in the Missouri's Title IV-E Foster Care Eligibility Review. The purpose of the review is to determine whether children in foster care meet statutory eligibility requirements for foster care maintenance payments. The state passed the review with only three errors found, all involving funding claims without the required entry of reasonable efforts findings.

Following were identified as strengths/models of practice involving at least some Missouri courts—well written orders with detailed findings of the agency's efforts to prevent placement and finalize permanency plans; inclusion of ICWA provisions and placement with relatives in the orders, limited number of placements, and achievement of permanency for many children. Improvements were needed in describing the agency's efforts to finalize a permanency plan, in timely entry of reasonable efforts findings, in checking necessary boxes on form orders; and in holding required permanency hearings rather than substituting these hearings with TPR proceedings.

Results were shared with the judges and other juvenile court staff throughout the state. The importance of entering required findings on time was emphasized.

Multidisciplinary Training

Through a joint effort of the Office of State Courts Administrator and the CD, three multidisciplinary training programs were offered:

Collaboration Workshop

A Comprehensive Child Welfare Conference was presented in the spring of 2005 at five regional sites. An important goal of the conferences was to promote teamwork/increase communications among local participants in the child welfare system. Among the findings of the Institute of Public Policy, Truman School of Public Affairs, University of Missouri-Columbia, which conducted an evaluation of the Conference, was that the level of interaction among team members from individual circuits varied significantly. Included in the evaluator's suggestions for improving multi-disciplinary collaboration were instituting circuit-level interventions for three to five circuits annually and including a plenary session at future trainings on developing expectations for a team and defining how the process will occur.

Following on these suggestions, a collaboration workshop involving multi-disciplinary teams from five judicial circuits was conducted in Jefferson City from February 27-March 1, 2006.

The goals of the workshop were to promote a common understanding of the language and concepts of collaboration; promote team building; enable teams to articulate their vision, values, and mission; educate teams about group dynamics and how to examine the dynamics of their own groups; enable teams to understand the team lifecycle and assess their own place on that cycle; instruct teams on how to create an action plan to strengthen their collaboration; and allow teams to share common experiences with one another.

Teams from nine judicial circuits applied to participate in the workshop. Selection was based primarily on the team's history of working together and on an assessment by the applicants of why improving collaboration is critical at this time. Each team was to consist of six members, comprised of at least two representatives from the juvenile courts and two representatives from the CD. It was recommended that a judge who hears child abuse/neglect cases be included as a member of the team. All members were to sign a memorandum of understanding, expressing a commitment to participate in the workshop and all of its activities. Juvenile Court Judges, CD Field Support, Circuit Managers and supervisors, Prosecuting Attorneys, Guardians ad Litem; Juvenile Officers, Juvenile Office attorneys and CD contracted providers participated in the workshop:

The Institute of Public Policy, Truman School of Public Affairs, University of Missouri-Columbia, is completing a formal evaluation of the workshop. Responses of the participants at the close of the workshop were generally positive. Among the comments offered:

- Good opportunity to begin groundwork for building a workable team.
- We had made a lot of progress in the past, but this showed the gaps that we did not realize existed.
- Excellent concept, great opportunity for staff to develop opportunities to meet and grow. Increase by at least half day or full day.
- I feel that this workshop couldn't have come at a better time for our circuit.
- Issues between CD and Juvenile Office were growing worse by the month-and if everyone abides by the ground rules we have set, matters can only improve.
- Excellent, great outcome from this training. Have follow up at 1 year to see progress.

- This was a great opportunity to discuss areas of concern and get to know each other on a more personal level.

Regional Courtroom Skills Training for Good Child Welfare Practice

One-day training programs were conducted in six locations and attended by juvenile court and CD personnel. Designed primarily for deputy juvenile officers with less than two years of experience and CD workers with more than six months of experience, the goals of the program were to assist participants to:

- Understand their role in the court process and improve their ability to persuade the judge of their position;
- Understand and work within the timeframes for the judicial process and the CD;
- Prepare for and testify with competence and confidence;
- Grasp basic evidentiary rules and their uses during hearings; and
- React positively to cross-examination, knowing how to be responsive to questions and when to elaborate

MOJJIS Enhancements

The Missouri Juvenile Justice Information System (MOJJIS) was developed by OSCA in response to Section 210.865, RSMo, which requires agencies to share information about juveniles and the services provided. Goals are to insure that services are coordinated and sequential, unsuccessful interventions are not repeated, services are efficient and effective, the safety of youth and community are maintained and conflicting and duplicate demands are avoided. System participants include juvenile and family courts, the Office of State Courts Administrator, and the Departments of Health and Senior Services, Mental Health, Social Services, and Elementary and Secondary Education. Through MOJJIS inquiries, staff in participating agencies can readily determine if any of the member organizations have information about a particular juvenile. If a record is found, the system displays the appropriate agency contact information. Additional enhancements, permitting direct access to detailed, legally shareable information, without the need for staff contact, are being developed.

Video Conferencing

Work was initiated in June 2005 to purchase and install videoconferencing systems in juvenile court and agency sites. While initially implemented to target juvenile delinquency cases, the program objectives were expanded to child abuse and neglect cases – particularly

foster care cases. These systems have been used to enhance communications among participants in the juvenile system and the child welfare system, including children, children's service workers, judges/ commissioners, juvenile officers, attorneys, guardians ad litem, CASA volunteers, parents/ custodians and children's care providers. Goals of the project are to address transportation/ travel issues which contribute to delays and limit opportunities for key participants to meet face to face. Courts and Children's Division staff are encouraged to use the equipment to assist in meeting required time frames for hearings; to include in hearings parents/ foster parents who would otherwise have been unable to attend; to expand participation in family support team meetings; to expand the length/ frequency of visitations among family members, including parents, children and siblings; to increase communications between the GAL/ CASA and the children they serve; to hold meetings between the court/ Children's Division staff to discuss issues affecting permanency for children. Thirty systems have been installed throughout the state and OSCA has been awarded a federal grant to purchase and install approximately 20 more units FY 2007.

Concurrent Planning

A video teleconference on best practices and creative strategies for implementing concurrent planning was presented at 6 locations on May 1, 2006. Participants, representing 38 of the state's 45 judicial circuits, included two judges, 93 representatives from the CD and 30 juvenile office staff. Faculty consisted of Janyce Fenton, National Resource Center for Family Centered Practice and Permanency Planning and a panel from the CD who discussed concurrent planning in Missouri and sibling issues. Circuit teams had an opportunity to discuss barriers to concurrent planning in their areas and to devise preliminary plans for addressing these barriers.

Results of the statewide re-assessment and findings of the CFSR both highlighted the need for improvements in concurrent planning. The general practice has been to focus exclusively on reunification and to consider other permanency goals only after efforts to reunite the family have encountered difficulty. Failure to prepare early for an alternate course of action delays implementation of a more appropriate option for the child.

Local Training Programs

In March 2006, courts were advised that up to \$3,000 per circuit was available through the Court Improvement Project for multidisciplinary training on child abuse/neglect cases. To be eligible for funding, proposed programs had to incorporate content that promoted improved

case management or collaboration for child abuse/neglect cases which would benefit staff from both the juvenile court and the CD. A letter of support signed by a circuit or regional manager from the CD was required to accompany the proposal.

Proposals were received from nine of the state's 45 judicial circuits. Awards totaling just over \$19,000 were made. Applicants estimated that more than 400 participants would attend these sessions. Titles of workshop from the nine judicial circuits include:

- Working with Aggressive Children and Adolescents: Considering Attachment and Affect Regulation. Objectives are to develop an understanding of why youth are aggressive from an attachment perspective and to assist staff members in developing practical skills for working with aggressive youth.
- Cultural diversity, psychological evaluations, chemical dependency, and updates on the CD, statutes and court rules.
- The Importance of the Sibling Bond. Goals and objectives are to cite research regarding sibling separation; recognize barriers to keeping siblings together and to identify responses to those barriers; identify common tools for assessing the sibling bond; identify avenues to pursue in attempting to place siblings together; and identify ways to maintain the sibling relationship if siblings must be separated.
- Relationship of Domestic Violence to Child Abuse/Neglect. To be addressed are effects of domestic violence on children as well as how to treat/respond to them; reunification and treatment of the victims; and reunification and treatment of the batterers.
- Knowing What Resources Are Available and How to Access Them. A variety of service providers from the surrounding area will present on what services they have to offer that would be relevant to assisting families with achieving reunification or preventing disruption.
- Compliance with Time Frames in Child Abuse and Neglect Cases/Purpose, Scope, and Expectations for Each Hearing Type.
- How to Run an Effective Family Support Team (FST) Meeting. Goals are to define participants' roles and expectations and to communicate the policies/timeframes of the CD for holding FST meetings.
- Reasonable Efforts. Goals are to define reasonable efforts, assist in determining whether reasonable efforts have been provided and aid in documenting the efforts that were made.
- Sexual Abuse - Understanding the dynamics of sexual abuse as they pertain to the child victim; treating the non-offending, co-dependent parent; and helping the child victim prepare for court.
- Compliance with time frames in child abuse/neglect cases; new policies of the CD; reasonable efforts; and termination of parental rights.

- Recognizing and identifying the legal aspects of child abuse/neglect; including statutes/rules, legal definitions, reasonable effort considerations, best interest of the child, and permanency planning; identifying child abuse/neglect risk factors; developing a proactive process of intervention to ensure protection of the child; understanding the roles of the juvenile court, CD, law enforcement, and other related agencies in child abuse/neglect; and assessing current policies and practices in individual circuits that help/hinder quality of service delivery.
- Compliance with time frames in child abuse and neglect cases; purpose, scope, and expectations for each hearing type; roles and responsibilities of all parties; serving incarcerated parents; rights of putative fathers; new policies and practices of the CD; reasonable efforts; termination of parental rights; kinship care and adoption; impact of placement on child development/attachment; and the relationship of domestic violence to child abuse/neglect.
- Drug and Alcohol Addiction. Participants will learn about the cycle of addiction, how to work effectively with clients who experience addiction, how to deal with relapse, how to assist clients to gain insight into their behaviors/disease, and how to assess the risk to the family posed by the addiction.
- Attorney/Caseworker Collaboration. The session will include descriptions of the role each team member plays; a review of terms, policies, and procedures; and development of an understanding of how to come together for an effective outcome.
- Termination of Parental Rights (TPR). Learning objectives include the elements of TPR, current case law, and common pitfalls.
- Child Dependency Mediation. The session will include a definition of child dependency mediation; goals of mediation; mediator qualifications; referral process; scheduling considerations; roles of invited parties; and advantages, perceptions and facts about this type of mediation.

Missouri Citizens Review Panels

The Child Abuse Prevention and Treatment Act (CAPTA) was established to enable the federal government to provide leadership and assist states in their child and family protection efforts. CAPTA sets federal guidelines, which must be implemented and monitored, before a state is eligible to receive a federal CAPTA grant. In 1996, CAPTA was amended to require states to establish three “Citizen Review Panels.” Fortunately, Missouri utilized three existing review panels to meet the federal mandate. The three Citizen Review Panels, which have agreed to expand their role to meet the CAPTA mandate, include:

1. Missouri’s Task Force for Children’s Justice (CJA);

2. State Child Fatality Review Panel; and
3. Child Abuse/Neglect Review Board (CANRB)

Missouri is currently reconfiguring our Citizen Review Panels in order to implement the newly finalized CJA By Laws, as well as expanding the number of CA/N Review Boards, to improve compliance with CAPTA mandates, ultimately impacting the positive outcomes for children by means of active participation on these panels to develop recommendations for CD policy/practice improvements. It should be noted the Task Force for Children's Justice was recently re-commissioned, as well as, the State Child Fatality Review Panel in 2005. Both are currently developing strategic plans in order to better define their respective roles and responsibilities, including Citizen Review Panel activities.

The membership of each panel shall be comprised of volunteers who are broadly representative of the community, including members who have expertise in the prevention and treatment of child abuse/neglect.

Each panel shall meet quarterly to examine the policies and procedures of the State and local agencies and where appropriate, specific cases, evaluate the agency's effectiveness in child protection. Examination considers:

- the state plan;
- child protection standards;
- review of the child protective services system in coordination with the foster care and adoption programs; and
- review of child fatalities or near fatalities.

Task Force on Children's Justice (CJA) Recommendations:

The CJA Task Force has developed a comprehensive strategic plan with action steps. Their main focus during 2006 is to help CD become COS accredited by notifying the public (including legislators) on the accreditation process, benefits of accreditation, and the efforts underway on accreditation.

State Child Fatality Review Panel Recommendations:

The Local and State Child Fatality Review panels recognize trends in Missouri's child deaths centered on rollovers (results of co-sleeping arrangements with infant and parent/caretaker). With these trends noted, the following recommendations were made to the CD:

1. In response to the deaths of children who suffocated while sleeping in the same bed/couch with the parent/caretaker, it is recommended

- that CD pursue obtaining “Back to Sleep” brochures from the Department of Health & Senior Services. Additionally, the CD should obtain co-sleeping and SIDS resources through Public Health. Once these materials are obtained, the brochures shall be placed in each county office reception area, as well as made available to individual clients as the division staff deem appropriate.
2. Due to the recent spike in suicides, it is recommended that CD pursue obtaining Mental Health Suicide Videos/ Public Service Announcements and Brochures. Once such materials are obtained, the brochures shall be placed in each county office reception area, as well as made available to individual clients as the division staff deem appropriate. The videos should be made available to each county office and shown during office hours in the reception area, as often as possible.

Actions taken by the CD in response to the above recommendations will be discussed during the next State Child Fatality Review Panel in the Spring 2006.

Child Abuse/Neglect Review Board Recommendations

1. Remind staff of the Standard of Evidence requirements necessary for a Preponderance of Evidence conclusion, instead of the formerly used Probable Cause conclusion.
2. Remind staff of requirements to interview all participants listed on the CA/N report as well as the Collateral Contact policy requirements.

Actions Taken to Respond to Recommendations

1. Standard of Evidence requirements for Preponderance of Evidence conclusion = CD is developing a training curriculum with the assistance of Division of Legal Services on this issue.
2. Requirements to interview all participants = CD will provide clarification training (See attachment) Pursuant to PIP S1.2.1h, we are currently in the process of developing a training PowerPoint highlighting Structured Decision Making procedures, along with best practice issues that have been found to be concerns following the several reviews. This training is currently being scheduled to by March 31, 2006. The training will be provided to the following counties/circuits who have requested it, as well as those who have exhibited a need for such training:
 - Boone/Callaway (13th circuit)
 - Butler/Riley (36th)
 - Lafayette/Saline (15th)
 - Webster

- Greene
- Jasper
- St. Louis City

This training will be provided to investigators/assessors, supervisors, managers and administrators, along with Children's Services Specialists and Family-Centered Services Consultants. The PowerPoint will be made available on the division Intranet and will be updated on an on-going basis.

3. CD mailed all county offices the following:
 - Safe Sleep for Your Baby Around the Clock: Birth to 12 months <http://www.sidscenter.org/Downloads/S07.htm> through the National SIDs Center.
 - Children's Trust Fund's brochure on crib safety and safe sleep material <http://www.ctf4kids.org/SCSSposter05.pdf> and http://www.ctf4kids.org/edu/SafeCrib_WebBroch.pdf
 - Several website links including:
 - Safe Crib Manual <http://www.ctf4kids.org/edu/SafeCribManual.pdf>
 - American Humane Society Dog Safety guidelines at http://www.americanhumane.org/site/PageServer?pagename=pa_care_issues_safety_dogbites
 - Prevent Child Abuse Missouri link to indicators and intervention techniques for the public at <http://www.pcamo.org/info/>
4. CD prepared and will be distributing information to the public and CJA on the status of Accreditation.

Alternative Care Review Board

The division provides foster parents a grievance process when they do not agree with a case management decision made by the Family Support Team (FST) relating to a child placed in their home. (License denials and revocations are handled through the Fair Hearing process.) The purpose of the grievance process is to provide families an opportunity of a timely and impartial review when they disagree with child management decisions.

The family-centered out-of-home care policy has become the statewide policy and resource families are considered as integral members of the FST. As team members they participate in the case management decisions throughout the period that children remain in their care. Even though it is anticipated that the team will resolve most issues, a review process will remain in place.

There are seven Alternative Care Review Boards (ACRB); one to represent each of the seven administrative areas. This allows for a quicker resolve to the case management disputes, and therefore quickly eliminates any barrier to the child's permanency.

Each ACRB comprises of seven members and two alternates. Members and alternates are selected as follows:

- Two alternative care parents, of which one shall be a licensed foster parent;
- Two division employees;
- Three members and two alternates from the following fields or professions:
- Community representative who has knowledge of the provision of alternative care services,
- School employee,
- Juvenile officer or professional employee of the juvenile office,
- Licensed child or family psychologist,
- Physician, nurse, or other qualified medical professional,
- Social worker with a private agency that provides services to families and/or children.

State Foster Care Advisory Committee

The Advisory Committee consists of one foster parent and one DFS employee from each administrative area with the exception of St. Louis City, St. Louis County and Kansas City, which have two foster parent representatives and two DFS employees each. The committee also includes honorary members. These honorary members include a representative from the Office of the Child Advocate, one representative each from the Missouri Foster Care and Adoption Association and from the Foster and Adoptive Care Coalition, and two representatives from the Midwest Foster Care and Adoption Association. This group meets quarterly to address concerns and provide recommendations on how the foster care program is administered locally. This group also advocates for change within the system to make it more responsive to the needs of foster children and their resource families.

State Youth Advisory Board

The Missouri State Youth Advisory Board (SYAB) was established December 1992. The board may consist up to 27 youth and three non voting ex-officio members. Ex-officio members must be a current or former foster care youth who has served at least a one-year term as a board member or alternate, within the last three years. The SYAB meets on a quarterly basis or more frequently as needed. Each member of the

board is a current or a recently aged out foster youth finishing their term. Each youth represents other youth in his/her region of the state.

Recognizing that each SYAB member represents all children and youth who are in out-of-home placements, each SYAB member is responsible for providing policy and procedural input to the CD administrative staff. The SYAB decides what goals and activities they want to pursue for upcoming meetings and carry those out accordingly. The SYAB also works as a network by bringing back important information to the Area Youth Advisory Board (AYAB), who in turn, takes information back to their Independent Living Program Specialists and youth in the Life Skills training classes. When recommended to serve on the SYAB, membership term is one (1) year. However, once a member, there are guidelines to follow in order to continue membership.

The mission of the SYAB is to empower out-of-home youth to provide input into the policies and procedures for out-of-home care; to provide meaningful leadership training and experiences for board members; and to empower board members who, in turn, can empower children and youth who have experienced out-of-home care.

Title IV-B/PIP Advisory Group

In past years, a Title IVB Advisory Group was established to fulfill regulations of the Social Security Act. The purpose of the group was to give input into the development of the Title IV-B plan and to provide feedback on the status of children and families and the performance of child welfare service systems. The advisory group was composed of persons from a cross-section of disciplines and branches of private and public agencies that interface with the child welfare system.

As the result of the CFSR and the development of the PIP, an executive decision was made to convene a PIP advisory group to assist the CD in improving outcomes for children and families through an ongoing process for stakeholder input. Instead of two separate advisory groups providing the same functions, the PIP advisory group is charged with guiding short and long-term plans for improvement. The formation of this group puts in place a process for decision-making that actively incorporates the experience of various state agencies and other stakeholders. The group is composed of representatives from various state and private agencies, and other representatives consisting of a youth; foster parent, and Indian Center.

This advisory group met for the first time on March 15, 2006. The members are charged with assisting the CD with identifying areas of

policy, procedure and practice for improvement. They will meet on a quarterly basis.

The Advisory group received a copy of the 2006 Annual Progress and Services Report for review and provided comments.

Public/Private Partnership for Case Management Services

The Division Director and other key staff from the CD meet with the CEOs of the contracted case management agencies on a monthly basis. This forum has been utilized to resolve issues which pose a barrier to the successful implementation of the public-private partnership. An example of an issue that was addressed early is generalized complaints from community stakeholders regarding adoption services. While the provision of adoption services was optional in previous case management contracts, it is a mandatory component of the current contracts. The CD responded to the concern by making an offer for contracted staff to shadow state agency Adoption Specialists. In addition, some of the contractors decided to hire their own adoption specialists.

The monthly CEO meeting has also been utilized to examine the support contractors receive from CD contracted case management oversight specialists at the local level. Each county assigning cases to the contractors has designated staff to oversee the contracts and provide technical support to the contracted staff. It has been decided that a continuous quality improvement (CQI) process will be implemented at the local and regional levels where meetings will occur on a regular basis. This type of process emphasizes issue resolution at the local level and ongoing planning for improved service delivery and collaboration.

Child Abuse/Neglect Review Board

The Child Abuse/Neglect Review Board (CANRB) provides an independent administrative review of child abuse/neglect determinations when the alleged perpetrator disagrees with the "Probable Cause/Preponderance of Evidence" finding of the CD. At the conclusion of each investigation, the CD investigator notifies the alleged perpetrator in writing of the finding, of the evidence supporting the finding, and of the alleged perpetrator's right to seek reversal by the CANRB. The notification includes that the alleged perpetrator must make the request for this administrative review within sixty days (or if criminal charges on the child abuse/neglect allegations are pending, the request for administrative review must be made within sixty days of the court's final disposition or dismissal of charges).

The CANRB is a panel of nine private citizens from professions specified in Section 210.153 RSMo. Each member is appointed by the Governor

and approved by the Senate. The CD may establish more than one CANRB panel. Currently, there are three boards, each of which meets monthly in Jefferson City and reviews approximately eight cases per month. During the CANRB review, the board hears testimony from the CD, the child's representative (if he/she chooses to participate), and the alleged perpetrator. The alleged perpetrator may be represented by an attorney, but witnesses are not subpoenaed and there is no cross examination. If the CANRB upholds the Division's decision, Section 210.152 RSMo Section 210.152 allows the alleged perpetrator to seek judicial review in the circuit court of residence within sixty days of notification of the CANRB decision. At the judicial appeal, the alleged perpetrator may subpoena witnesses with the exception of the alleged victim and the reporter. The court may sustain or reverse the CANRB decision.

During FY05, the CANRB heard 269 cases, and 153 (57%) of those cases were upheld. The three boards currently hold a review approximately 3-4 months after the request is received.

Child Fatality Review Program

RSMo 210.192 required the establishment of a multidisciplinary Child Fatality Review Program (CFRP) panel in each county, including St. Louis City, to evaluate all child fatalities and to review in detail, those where the cause of death was unknown, suspicious or of community concern.

The local CFRP panels include staff from the CD, juvenile court, coroner/medical examiner, prosecutor, law enforcement, health professionals and other community members. Regional coordinators and a state CFRP panel were appointed by the DSS Director to assist the county CFRP panels. These efforts all reflect Missouri's response and compliance to requirements as set forth in PL 105-89.

The DSS State Technical Assistance Team (STAT) has primary responsibility for the operation and management of the CFRP process, and has responsibility for:

- Development and support of an efficient and effective delivery system (regional coordinators, metro case coordinators, State oversight panel, etc.).
- Providing direct field investigation assistance on a 24 hour basis.
- Training and support of 115 county-based CFRP panels.
- Providing services and assistance, as necessary.
- Collecting child fatality information and data that identifies trends and patterns of risk.

- Encouraging communities, organizations and agencies to develop deterrent and prevention strategies that reduce child injuries and fatalities.

The goals of the Child Fatality Review Program include:

- The maintenance of a database involving ongoing surveillance of all child fatalities.
- A continuous commitment to train professionals involved in the evaluation/investigation of child fatalities.
- The identification, support and implementation of state and local prevention initiatives that respond to identified risks to children. The local CFRP panel can take immediate steps to address risks, by responding to circumstances surrounding a death. STAT can identify statewide trends and patterns, and encourage more global solutions. STAT meets regularly with the Department's program and policy development unit to review cases, and to discuss concerns or trends, where practice or training improvements may be indicated.

When a CFRP panel reviews a death, there are data collection forms that are completed and sent to STAT. Monthly statistics are maintained and updated frequently as data is received from multiple sources (local agencies, birth and death records, etc.). In calendar year 2004 (CY-04), 1,110 children age 17 and under died in Missouri. Of those deaths, 984 were determined to be "Missouri incident fatalities" and, therefore, subject to review by the coroner or medical examiner. Of this number, 472 had an indication for review by a county Child Fatality Review Panel and 432 were reviewed. In calendar year 2005 (CY-05), preliminary data indicates that 1,194 children age 17 and under died in Missouri. Of those deaths, 1,036 were determined to be "Missouri incident fatalities" and, therefore, subject to review by the coroner or medical examiner. Of this number, 419 had an indication for review by a county Child Fatality Review Panel and 366 were reviewed.

Child Welfare Demonstration Projects

The state does not have a Child Welfare Demonstration Project at this time. However the CD is working on several initiatives that are currently underway or will be operational during SFY 2007.

Critical thinking at key decision making points – CD staff are working with the National Resource Center for Child Protection Services to develop a training curriculum. The training will be utilized to assist supervisors in consultation with their staff at key decision points throughout the life of a case. It will address the child/family history of prior agency involvement; child safety issues; and assisting staff to intellectually process, conceptualize, and analyze information they have

gathered from the child, parents or foster parents. The development of this curriculum is scheduled for completion by December 2006 and training to begin in 2007.

Critical Incident Stress Management debriefing teams - In 2002 the University of Missouri at Columbia (UMC) in conjunction with the CD and Prevent Child Abuse Missouri obtained a grant through the Southern Regional Quality Improvement Center for Child Protection at the University of Kentucky. This three year research based grant provided funding for the Role Demonstration Model of Supervisory Training in two identified sites, St. Louis County and the Southeast Region.

During the training process the supervisors participating in this project identified "critical incident stress debriefings" as a need for our agency due to traumatic incidents that had occurred. These stressors may manifest into symptoms which the individuals may or may not be able to work through on their own. It could result in a decrease in the staff's personal and professional abilities. Assisting staff to reduce stress related difficulties requires specialized skills and knowledge. Certain events have been demonstrated to be personally distressing to staff. These events may include: fatality of a child, foster child, foster parent or co-worker; serious abuse/neglect, high profile case, natural disaster.

Staff from the Southern Region and St. Louis County were selected for this pilot as they were part of the UMC Supervisory Grant Project. The Regional Directors in the two sites selected staff to participate in training and consultation with a Qualified Critical Incident Stress Instructor arranged for by UMC. Staff in the pilot regions found this process to be extremely helpful in child fatality or other critical events. In the upcoming year the CD will be contracting to provide this training for staff in other regions and making available the critical incident stress debriefing teams throughout the state.

Reconstructive Evaluation - While the agency regularly conducts policy compliance analyses of traumatic case events, these events are not necessarily being utilized as a learning experience from which practice and policy improvements could be made. Because of the Critical Incident Stress Management (CSIM) component in the recently completed joint CD/UMC supervisor demonstration training program, the CD approached the UMC project director to examine whether that content would be applicable to this organizational concern. In reviewing the CISM materials it was decided that this set of techniques which focuses on the emotional responses and well-being of the caregivers is valuable for that purpose but is not designed to examine case practices and address program improvement.

The purpose of such an evaluation is to examine all facets of the case process and procedure in a non-accusatory environment to determine what can be learned from the event and what modifications of policy and/or practice are indicated. The focus is on professional, supportive and positive team analysis in an environment secure from unwarranted administrative repercussions. The end product is using the information gained to improve agency service, not affix blame. However, if the analysis points to malfeasance, appropriate administrative action will be taken.

During the next year, the details of the procedure will be worked out internally within the agency. The following are some preliminary components that are being considered as a starting point for discussion and feasibility considerations:

1. Team composition – team facilitator (specifically trained to this task); management representative; front line supervisor; case manager(s); and direct care providers.
2. Information sources – child care and school personnel (as appropriate); extended family; peers; and associated agencies.
3. Team process – *initial work session*: record analysis; oral analysis and debriefing; assessment of available data; identification of data gaps; data sources to be accessed; design of data gathering protocol; assignment for data gathering; time frame development.
subsequent meeting(s): data integration and reports; theme development; practice analysis; implications for policy/procedure; implications for practice; implications for supervision; implications for administrative oversight; recommendations for practice improvements at various organizational levels.

While this concept is one of great importance for the quality improvement of services, the CD is in the beginning stages of this process. Consideration is being given on the practicability of a convening a design team of agency staff and external consultants to develop a detailed protocol and training curriculum outline. After the review of and approval from the director to move forward, a detailed training plan would then be developed and executed using both internal and external teaching resources.

Placement Stabilization Demonstration Project – This 18 month program being piloted in St. Louis City and County is designed to provide placement stabilization services to youth in foster care. It will provide intensive community based services to identified youth at risk for placement disruption. The contracted services will be provided by a group of St. Louis based agencies. The goal of this pilot is to significantly increase placement stability among "at risk" children and youth through

the provision of assessment, case management, counseling and other supportive services.

Approximately 20 children/youth will be served throughout the demonstration project during the period of July 1, 2006 to December 31, 2007. The projected outcomes will be:

- 60 percent of the youth referred will not change placements for 6 months following referral.
- 80 percent of the youth referred will show a positive improvement in their *Child and Adolescent Needs and Strengths* inventory score.
- 90 percent of caregivers will rate their overall satisfaction with services as good or better.
- 90 percent of case managers will rate their overall satisfaction with services as good or better.

Chronic Neglect – The CD began to take a serious look at chronic neglect families in 2003, when a follow-up evaluation of the Missouri's Alternative Response system effectiveness conducted by the Institute of Applied Research (IAR), found that a relatively small segment of the families served (9.3 percent) accounted for a large amount of expenditures (41.9 percent) due to the chronic pattern of on-going abuse and neglect. CD recognized that a small number of families who have a large number of repeat maltreatment events ultimately resulted in an accumulation of harm to the child leading to out-of-home placements and costly services to reduce risk of abuse/neglect.

By identifying these families earlier, prompt, more focused and intensive services can disrupt the destructive family cycle and move the family toward a higher level of functioning or more promptly move the child toward permanency options most favorable to his/her success. The Chronic Neglect project was designed to strengthen the agency's ability to effectively work with these identified families by reducing the harmful and accumulating effects of children exposed to persistent and reoccurring patterns of neglect. Jasper, Newton and McDonald County were chosen as pilot sites.

The initiation of the pilot is planned for August 2006, after the community meeting to promote community buys in. The expected outcomes of the pilot are fewer repeat hotline reports; improved family functioning; and reduced number of children entering out-of-home care. The Evaluation of the project will include ongoing reassessment of the families will occur every 30 days and an after care plan will be developed for each family, including case tracking for one year after closure. The expected outcomes of the pilot are fewer repeat hotline reports; improved

family functioning; families are better able to access community resources; and identified need for specific community supports.

Foster and Adoptive Parents Recruitment

- Describe State's progress and accomplishments made in FY 2006 with regard to the diligent recruitment of potential foster and adoptive families that reflects the ethnic and racial diversity of children in the State for who foster and adoptive homes are needed; and
- Explain planned activities for recruiting foster and adoptive families in FY 2007.

CD has also been working with the National Resource Center for Family-Centered Practice and Permanency Planning (NRCFCP&PP) on improving recruitment and retention results. A workgroup was selected to meet with NRCFCP&PP for the first on-site meeting during January 2006. The key strategies presented include:

- Messaging and materials – linkage between philosophy, training and practice.
- Response – take a look at the process.
- Relationship building between the resource and birth families and resource families and the agency.
- Data driven activities.
- Population specific recruitment.
- Culturally sensitive recruitment.
- Planful partnerships with the community.

Subgroups have formed to address many of the strategies indicated above including: intake and materials/messages, data, transfer of information to resource families from worker, role of resource families in working with birth parents and recruitment within existing homes.

In FY 2006 and 2007, we have or will be accessing the NRC for Youth Development to assist us in privatizing services for older youth and further advancement of our Culture of Care Initiative; NRC-FCP&PP to help further strengthen our efforts with placement stability and the Collaboration to AdoptUSKids on recruitment and retention of resource families.

Juvenile Justice Transfer

Below is a chart representing the number of children who exited custody with the CD and transferred to the Division of Youth Services. Information is derived by matching exits from the alternative care

population with entries into the state's Juvenile Justice System. Both information systems used the same unique identifier for children/youth served.

Year	Number of Children	Percentage of Total CD Children
2003	91	1.2%
2004	91	1.3%
2005	86	1.3%

V. Program Support

- **Discuss planned updates to the training plan, technical assistance, research, evaluation or management information systems and quality assurance systems that will be updated or implemented in the upcoming fiscal year. Training with Title IV-E funds must be included and described in terms of the courses offered, numbers and positions of prospective trainees and estimated cost in the training plan.**

Professional Development and Training

CD Professional Development and Training has been given the charge to research, develop, and deliver initial in-service training for all new Children's Services workers. Initial in-service courses are based on agency policy and include social work knowledge and skills needed to serve families and children. Since the initial and ongoing in-service courses are based in policy and practice, it is an ever-changing body of work. A training revision team updates the training curriculum frequently. Updates are based on changes in agency policy and are designed to enhance the content of the curriculum and improve skill acquisition and demonstration.

In SFY06, The Professional Development and Training Unit enhanced the Child Welfare Practice Basic Orientation Training for new staff by providing more concentrated focus on skills practice. Areas such as safety and risk assessment, case planning, Family Support Team meetings, and planning for permanency have been improved. The Professional Development and Training Unit made great strides in partnering with other agencies, disciplines, and Universities to develop an enhanced training structure that will provide both initial in-service training, as well as, required ongoing in-service for staff. On The Job Training is being enhanced to better support the worker and first line supervisor.

Child Welfare Practice Basic Orientation Training

The initial in-service curriculum is titled Child Welfare Practice Basic Orientation Training (CWPT). This training is provided to new CD staff and new contracted agency staff. The initial in-service training takes place during the first several months of employment and includes 129 hours of classroom training provided by CD trainers combined with on-

the-job training that is under the direction of the first level supervisor. The emphasis of the supervisor is on reinforcement of competencies of skills taught in the basic orientation classroom training.

The new Children's Services Worker, including one promoted to the position from elsewhere in the agency, is in probationary status during the first twelve months of employment. During this twelve month probationary period, the new employee receives ongoing in-service classroom training and OJT related to their job assignment which is in addition to the initial CWP Basic Orientation. A probationary worker carries a reduced caseload during this probationary period and is closely supervised in all aspects of the job to ensure that he or she is acquiring the skills necessary to adequately perform the job duties.

There are five classes in the initial Basic Orientation curriculum:

1. *Family Centered Philosophy and Skills Training* - Participants are introduced to the agency role in responding to child abuse and neglect, the laws that govern our practice, the principles of family-centered, strengths based philosophy, and the basics of assessing a family through the use of assessment tools.
2. *Child Abuse and Neglect Investigations/Family Assessments and Application of the Family Centered Philosophy and Skills for Intact Families* - Participants focus upon the identification of child abuse and neglect, the types of reports and referrals and screening process; the process of initiating and conducting investigations and family assessments; safety and risk assessments; conducting assessments of families; treatment planning, as well as the process for providing ongoing services for intact families.
3. *Expedited Permanency and the Family Centered Out of Home Care Process* - Participants have an introduction to the impact of out of home placement on children and families, placement standards/policy/procedures, the guidelines of ASFA, how to plan for and expedite permanency, reasonable efforts, visitation issues, concurrent planning, and facilitating family support team meetings. Trainees also practice providing court testimony under direct examination and cross examination.
4. *CD Systems Training* - This computer class offers participants hands-on individual experience in entering, inquiring, and updating information in the Children's Services data system.
5. *Reinforcement and Evaluation* - Trainees participate in skills practice using the techniques and skills learned during the previous CWPT classes. Trainees follow a family through a hotline report, assessment and treatment services, the out of home care process, reunification and termination of services. Participants are evaluated during the

session and written feedback is provided to their immediate supervisor upon completion of the class.

As of April 1, 2006, a total of 36 classes of Child Welfare Practice Training have been conducted with an approximate 864 participants attending.

- Setting of the training activity - Contracted facility (i.e. hotel or agency conference rooms when possible)
- Duration category of training activity - full time (section 235.61)
- Provider of the training - CD Professional Development and Training
- Approximate number of days /hours of the training - 129 hours over 5 weeks with approximately one week in between for OJT skill practice activities
- Audience to receive the training - All new CD front line social services staff and contracted agency staff providing case management
- Description of the estimated total cost - approx. \$ 1,159,000 per year (12-18 sessions per year)
- Federal Title IV-E funding is allowable as one of the funding sources for this training (*with the exception of CA/N investigations*) and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in this training –
 - Referral to services;
 - Preparation for and participation in judicial determinations;
 - Placement of the child;
 - Development of the case plan;
 - Case reviews;
 - Case management and supervision; and
 - Recruitment and licensing of foster homes and institutions.

Core In-service Modules for Front Line staff SFY06- SFY07

In addition to the CWP Basic Orientation for new front line staff, in SFY06, the Professional Development and Training Unit began offering 3 core in-service modules for new staff. The in-service modules serve as the next level of skill development for staff following completion of the initial CWP Basic Orientation and OJT. The modules provide concentrated skill building with an emphasis on core areas of agency policy and best practice and include both classroom training as well as On the Job Training. This in-service structure provides ongoing education and professional development of staff throughout their first twelve months of employment while in probationary status. The modules are designed to include a supervisory component followed by the sessions for the worker.

Depending on the area of specialization, staff are required to complete one or all of the following:

Investigation and Assessment Core In-service Training

In SFY 06, two supervisory sessions and four worker sessions were conducted during May 2005- October 2005. Additional sessions are planned for SFY 07.

Family Centered Services for Intact Families Core In-service Training

In SFY 06, two supervisory sessions and three worker sessions were conducted during January 2006- February 2006. Additional sessions are planned for SFY07.

Family Centered Services in Out of Home Care Core In-service Training

In SFY 06, one session was conducted as part of a field test that included staff from various regions of the state. Additional sessions are planned for SFY 07.

- Setting of the training activity - Contracted facility (i.e. hotel or agency conference rooms when possible)
- Duration category of training activity - part time (section 235.61)
- Provider of the training - CD Professional Development and Training
- Approximate number of days /hours of the training –
- *Investigation/Assessment module*- 34 hours offered 3 times per year
FCS module- 16 hours offered 3 times per year
FCOOHC module-24 hours offered 3 times per year
- Audience to receive the training - New CD front line social services staff who have been on the job for 6-12months;Front line supervisory staff attend the supervisory portion only
- Description of the estimated total cost – Investigation/Assessment Module -\$34,000 /yr; FCS Module- \$ 23,000 /yr; FCOOHC Module- \$ 34,000 /yr.
- Federal Title IV-E funding is allowable as one of the funding sources for this training (with the exception of CA/N investigations) and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in these training modules –
 - Referral to services;
 - Preparation for and participation in judicial determinations;
 - Placement of the child;
 - Development of the case plan;
 - Case reviews;

- Case management and supervision; and
- Recruitment and licensing of foster homes and institutions.

Missouri State University and CD Rural Child Welfare Grant Project

As recipients of a 5 year grant, Missouri State University and the CD, have been collaborating to design and deliver a series of training modules for staff in 33 rural counties in the southern region of Missouri. Competency based training modules such as domestic violence, sexual abuse; substance abuse, social work self-care, time management, and community resource development were completed in SFY06 and additional modules are planned for SFY 07. A comprehensive evaluation process has been developed which includes various competency areas that are measured for those staff participating in the training. Upon final evaluation of the project, the CD will examine the best way to integrate the training modules into the statewide professional development and training structure for front line staff and supervisors.

Training Activity Summary

- Setting of the training activity - Contracted facility (i.e. hotel or agency conference rooms when possible)
- Duration category of training activity - part time (section 235.61)
Provider of the training – Southwest Missouri State University faculty and CD Professional Development and Training
- Approximate number of days /hours of the training – various one day modules provided 4 times per year
- Audience to receive the training - New CD front line social services staff and supervisory staff.
- Description of the estimated total cost – approx \$2000 per year for CD trainer travel and printing/material costs; majority of training cost covered under SMSU grant.
- Federal Title IV-E funding is allowable as one of the funding sources for this training (with the exception of CA/N investigations) and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in these training modules –
 - Referral to services;
 - Placement of the child;
 - Development of the case plan;
 - Case reviews;
 - Case management and supervision

Clinical Skills for Supervisors Role Demonstration Model-University of Missouri, Columbia and CD.

As the recipients of a 3 year grant through the Southern Regional Quality Improvement Center for Child Protection, the University of Missouri-Columbia, in collaboration with the CD, developed and provided intensive clinical training and individual mentoring to 30 first line Supervisors in two sites, one rural (Southeast Missouri) and one metropolitan (St. Louis County). The designed approach focused on a supervisor-as-teacher system in which actual and simulated demonstration of desired techniques and skills were emphasized. Supervisors modeled case intervention behaviors and workers learned by observation, discussion and analysis of observed practice. Matched comparison sites were selected and turnover, employee satisfaction, clinical performance, client outcomes and organizational climate were measured and compared using both standardized instruments and case audit techniques.

The training grant project concluded in March SFY06. The findings and clinical content have been incorporated into the new CD Clinical Supervisory Training planned for SFY07.

Setting of the training activity - Contracted facility (i.e. hotel)

Training Activity Summary

- Duration category of training activity - part-time (section 235.61)
- Provider of the training - University of Missouri - Columbia faculty and CD Professional Development and Training staff
- Approximate number of days/hours of the training - 2-3 days per classroom session with approx. 3 sessions per year. OJT skill activities are also conducted
- Audience to receive the training - CD supervisors in project sites.
- Description of the estimated total cost- approx. \$125,000 base rate per year (federal funding through Child Welfare Grant secured through UMC)
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our CAP and the results of the Random Moment Time Study. The following activities are addressed in this training module –
 - Referral to services;
 - Preparation for and participation in judicial determinations;
 - Development of the case plan;
 - Case reviews; and
 - Case management and supervision.

Basic Orientation (Initial In-Service) and Ongoing In-Service Training for Supervisors SFY06- SFY07

Initial In-Service Training

The CD, in partnership with the DSS Human Resource Center, has developed a comprehensive skills based training structure for front line supervisors. The structure requires new supervisory staff to complete 40 hours of Basic Orientation Supervisory Skills Training followed by 48 hours of CD Clinical Supervisory Training within their first year as a new supervisor. Quarterly sessions are planned for SFY07.

In SFY06, the CD conducted a field test of the new Clinical Skills Training for Supervisors. The new clinical supervisory training was developed by CD Trainers in conjunction with the University of Missouri/ CD Supervisor training grant project.

Competency areas such as leadership; the parallel process of being strengths based and solution focused; decision making; group supervision; time management; critical thinking; case consultation; worker development and performance; ethical and liability issues; teamwork; crisis intervention; mediation, and facilitating change are the focal points of the training.

Ongoing In-Service Training

In SFY06, the CD and HRC continued to offer a variety of in-service training modules to provide supervisors and managers professional development opportunities beyond the initial first year training. Examples of the competency based modules offered include *Art of Negotiation, Effective Discipline, Effective Meetings, Employee Motivation, Managing Diversity Problem Solving, Teamwork, and Turning Conflict into Collaboration*. These in-service modules will continue to be offered in SFY 07.

Training Activity Summary

- Setting of the training activity - Contracted facility (i.e. hotel)
- Duration category of training activity - full-time during the initial in-service training which will have both classroom and OJT; part-time for the ongoing /continuing in-service modules (section 235.61)
- Provider of the training - CD Professional Development and Training Unit and the Human Resources Center, Dept. of Social Services
- Approximate number of days /hours of the training – 40 hours of BOSS and 48 hours of Clinical Supervisory initial in-service training with weeks of OJT in between classroom sessions. Ongoing In-service

modules will be approx 1-2 days in length. Multiple sessions will be conducted each year.

- Audience to receive the training - CD supervisors.
- Description of the estimated total cost - approx. \$226,000 per year. Cost includes CD sessions and the Human Resource Center management course offerings
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our CAP and the results of the Random Moment Time Study. The following activities are addressed in this training –
 - Development of the case plan;
 - Case reviews; and
 - Case management and supervision.

Domestic Violence Training

In SFY-06, the CD, in conjunction with the Missouri Coalition against Domestic and Sexual Violence (MCADSV), conducted quarterly sessions of Domestic Violence training for new CD and Family Support Division staff. This will continue to be offered in SFY-07. Approximately 180 staff have attended the training as of this date.

Training Activity Summary

- Setting of the training activity - Contracted facility (i.e. hotel)
- Duration category of training activity - part - time (section 235.61)
- Provider of the training - Coalition Against Domestic Violence staff and CD Professional Development and Training
- Approximate number of days /hours of the training per session - 1 day
- Audience to receive the training - CD and Family Support Division staff.
- Description of the estimated total cost - approx. \$5,000 per year. (Grant funding secured through MCADV utilized to cover majority of training expenses).
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in this training –
 - Referral to services;
 - Preparation for and participation in judicial determinations;
 - Placement of the child;
 - Development of the case plan; and
 - Case management and supervision;

STARS Pre-Service, In-Service, and Spaulding Train the Trainer

Training for resource families continues to be offered and conducted on a regular basis utilizing the training curriculum purchased from the Child Welfare League of America (CWLA). Foster PRIDE/Adopt PRIDE curriculum produced by CWLA is a part of Missouri's preparation of resource families which is called STARS, which means **S**pecialized **T**raining, **A**ssessment, **R**esources, **S**kills, and **S**upport. Staff training and Development provides the STARS Train the Trainer courses for local training teams. The local training team consists of a service worker, foster and/or adoptive parent and a supervisor of the team. The service worker and the foster/adoptive parent co-trains. The service worker also is responsible for conducting the family assessment need for licensure.

The CWLA curriculum has 10 in-service modules providing over 90 hours of training. Train the Trainer courses are conducted for the same local training teams noted above. These courses are conducted throughout the state.

In addition to STARS, adoptive parents are required to attend 12 hours of training, specific to adoption, and prior to licensure. The above teams are also trained to provide the Spaulding "Making the Commitment to Adoption" course.

All the above STARS and Spaulding Train the Trainer courses include contractors who provide the training and assessment of resource families. A total of approximately 314 trainees attended STARS Pre-Service, In-Service, and Spaulding Train the Trainer as of this date in SFY 06.

Training Activity Summary

- Setting of the setting/venue of the training activity - Contracted facility or agency conference when possible
- Duration category of training activity - part - time (section 235.61)
- Provider of the training - CD Professional Development and Training
- Approximate number of days/hours of the training per session - STARS Pre-service 2 weeks with one week in between sessions; STARS In-service (10 modules); Spaulding 3 days
- Audience to receive the training - Teaching foster parents, CD staff and contracted providers who provide local STARS/Spaulding training and assessment for prospective resource families

- Description of the estimated total cost - approx. \$234,000 for all trainings/multiple sessions per year
- This training is allowable as a Title IV-E activity to be matched at a 75% FFP rate and will be allocated by Missouri's IV- E penetration rate. The purpose of this training is to prepare foster parents for caring for children in the custody of the CD to be placed and cared for in their homes. The following activities are addressed in this training
 - Referral to services
 - Preparation for and participation in judicial determinations
 - Placement of the child
 - Development of the case plan
 - Case reviews
 - Case management and supervision
 - Recruitment and licensing of foster homes and institution
- **Specify any additions or changes in services or program design due to the State's own evaluation of programs that the State has found particularly effective or ineffective.**

As the agency moves forward in the next year, the Professional Development and Training Unit will continue to support a blended learning approach that includes competency based, skill focused classroom training, intranet based on-line learning that supplements classroom training, and on the job training that is consistently provided, processed and evaluated by clinical field mentors and supervisors during daily interactions with staff.

Development of the Employee Learning Center (ELC) has progressed over the past year through a joint effort involving individuals from all divisions within DSS. Beginning on July 1, 2006, the department will launch the ELC. The ELC is a web-based tool that allows staff to manage their professional development from their computer desktop.

Highlights of the ELC include:

- An individualized training plan listing courses staff are required to complete.
- On-line registration and cancellation of classes. Confirmations will immediately be e-mailed to staff, with copies to their supervisor.
- A catalog of courses offered in the department and a training calendar with search features to allow staff to easily locate classes of interest.
- Access to staff's training history.

Office of State Courts Administrator Training

In SFY06, the CD, in partnership with the Office of State Courts Administrator, jointly conducted training for Juvenile Court staff and CD staff on child protection and juvenile court programs and issues impacting policy and practice in both agencies. A training entitled “*Courtroom Skills Training for Good Child Welfare Practice*” was developed and provided in Spring, 2006. Additional sessions are planned for the remainder of the fiscal year.

Training Activity Summary

- Setting of the training activity – Contracted facility, University/Video Teleconference sites
- Duration category of training activity - part - time (section 235.61)
- Provider of the training –Office of State Courts Administrator and CD Professional Development and Training
- Approximate number of days /hours of the training per session - 1 day
- Audience to receive the training - CD staff and Juvenile Court staff
- Description of the estimated total cost - approx. \$100,000 per year.
- Federal Title IV-E funding is allowable as one of the funding sources for this training and would be distributed based upon our Cost Allocation Plan and the results of the Random Moment Time Study. The following activities are addressed in this training –
 - Referral to services;
 - Preparation for and participation in judicial determinations;
 - Placement of the child;
 - Development of the case plan; and
 - Case management and supervision.

Technical Assistance Through the National Resource Centers

In early 2005, the CD staff met with consultants from the National Resource Center for Organizational Improvement (NRCOI) to assess needs for technical assistance as identified in the PIP. Eight key strategies were identified:

- Safety across the board;
- Improved family assessments;
- Expanded/Enhanced Family Support Team meetings;
- Older youth issues;
- Reinforcing concurrent planning;
- Visitation (worker/parent/siblings);

- Supporting supervisors; and,
- Recruitment and retention of resource families, including relative homes.

These key strategies would complement the activities within the PIP and will help shape practice throughout the child welfare continuum. After considering a systemic approach to the key strategies and the activities and timelines outlined in the PIP, the immediate priorities were identified:

- Assistance in developing a supervisory case review tool to be used by supervisors on an ongoing basis to enhance the qualitative and quantitative aspects of case record review.
- Safety “across the board” technical assistance to enhance safety and risk throughout our entire child welfare practice.
- Enhancing supervisory skills, assisting supervisors in coaching and mentoring staff and providing support.
- Improved family assessments

In addressing the priorities above, a major training and technical assistance initiative has been implemented. A supervisory workgroup, facilitated by NRCOI, addressed the development of a supervisory review tool, clinical supervision, and enhancements and supports for supervisors. This group meeting at least quarterly consisted of front line supervisors from each region, a circuit manager, three social work specialists, a QA specialist, a training manager, a co-principal investigator of the Role Demonstration Project from UMC and two CD central office staff.

An extensive Child Welfare Supervision Strategic Plan was developed and presented to the CD’s Executive Team in January 2006. The workgroup present the findings of the current state of child welfare supervision and a plan to better support supervisors and improve supervision. The plan addresses strategies in 1) supervisor training; 2) supervisor support; 3) casework practice; and 4) management/administrative supervision/communication/community.

In evaluating the CD’s approach to safety, the National Resource Center for Child Protective Services (NRC-CPS) conducted a thorough review of policy, practice, procedure, information system, staff development, supervision, program management and quality assurance. An observation made was that Missouri is further along than some states in understanding there are salient differences between the concepts of safety and risk in assessing and intervening with children and families. Some of the more distinctive recommendations include:

- A safety assessment model that forces a decision finding of safe or unsafe instead a model with three findings: safe, conditionally safe, or unsafe.
- More precise definition of key terms differentiating between safety and risk.
- Current approach to safety is heavily incident based; instead consider introducing the concepts of present and impending danger.
- Policy needs to specify that safety is addressed at all key decision points during involvement with the family and at any point where significant changes occur instead of factors fixed in time.
- Uses both a safety and risk assessment process; asks if safety is sufficiently addressed throughout life of case, is there a need for a risk assessment.
- Inconsistencies in policy that provide varying expectations of staff in terms of removal and return.

In May 2005, the Visitation Workgroup was convened to review current policy and practice on visitation through CD's continuum of services. After a thorough review, the workgroup provided recommendations for a comprehensive visitation policy that addresses safety, quality, and purpose of visits, frequency and guidelines. Various visitation forms and checklists were developed. A policy memo will be developed from these recommendations. A TA request was made to NRC- CPS to review the workgroup's recommendation and provide input regarding visitation.

The Visitation Workgroup was also charged with addressing child safety issues at and throughout placement. In addition to reviewing policies and practices regarding visitation, the workgroup addressed safety assurances throughout the division's scope of services. A TA request was made to NRC- CPS to review the workgroup's recommendation and provide input on safety.

The CD has been working with the National Resource Center for Family-Centered Practice and Permanency Planning (NRC-FCP&PP) on improving recruitment and retention results. A workgroup was selected to meet with NRC-FCP&PP for the first on-site meeting during January 2006. The key strategies presented include:

- Messaging and materials – linkage between philosophy, training and practice;
- Response – Take a look at the process;
- Relationship building between the resource and birth families and resource families and the agency;
- Data driven activities;

- Population specific recruitment;
- Culturally sensitive recruitment; and,
- Planful partnerships with the community.

Subgroups were formed to address many of the strategies indicated above including: Intake and Materials/Messages; Data: Transfer of information to resource families from worker; Role of resource families in working with birth parents; and Recruitment within existing homes.

Educational Programs

The educational programs of the CD focus on social work education and training for current CD staff as well as for persons preparing for employment in child welfare service.

The CD continues to contract with several universities that have an accredited Master of Social Work (MSW) degree program. The contracts provide a part-time MSW degree program for current employees. These programs serve as a means to develop employees to obtain a broad social work perspective and to meet the educational training needs of the staff in various parts of the state. Each of the programs uses Title IV-E funding, State Funding, and University funding to contract with accredited universities or those in pre-accreditation status.

A “business decision” was made to discontinue the full-time MSW program and move the funds of that program to expand the current part-time programs. Any employees currently in the full-time program will continue until graduation. The rationale for this change is to develop more MSW employees, giving preference to first-line supervisors, when they can be admitted to graduate school under the school’s guidelines. This change should support the efforts of the CD as movement is made toward gaining accredited status. This change should also allow the employee to remain on duty in the local offices and therefore help with the staffing needs of the Division, rather than be relieved of work duty as in the full-time degree program.

The University of Missouri-Columbia (UMC) will continue the full-time education of staff selected prior to the decision of change, with the last graduates being in May 2007. At the same time, UMC, with the CD, is developing and planning to offer the part-time program at a site in the Northeast quadrant of the state. This site should be fully integrated and operational by January 2007. A goal is to have a part-time site on the UMC campus; however, that goal may not be realized by January 2007.

These two new part-time offerings will be conducted much as the current part-time programs that UMC has developed in the Northwest and Southeast quadrants of the state. The Northwest quadrant is served by distance-learning technology, as well as in-person classes. The classes

may be conducted at Missouri Western State University or other campuses in the region that have an agreement with UMC for space on campus. The Southeast quadrant is served by distance-learning technology as well as in-person classes at Southeast Missouri State University and other local campuses with a similar agreement.

Collaborative efforts continue to be successful with three additional accredited universities in the state. These universities have worked with the CD to develop part-time curricula and programs for current CD supervisors and workers to obtain the MSW Degree. This process will help meet staff educational requirements for accreditation as established by the COA. Contracts are in place with the University of Missouri-St. Louis, University of Missouri-Kansas City, and Missouri State University in Springfield.

The CD also has a part-time educational program that culminates in an MSW degree for CD staff in Jackson County. This program is a joint venture between the CD and the University of Kansas, School of Social Welfare. This is a very small program at present. Plans are made to move the funds spent there to another university when the one student currently enrolled graduates.

All these programs are either three or four years in length, with four being the maximum allowed by the Council on Social Work Education for obtaining the MSW degree in a part-time status.

Child welfare curriculum development and costs for classroom and field instructors are part of the contract. University and state general revenue funds are used to match Title IV-E training funds as outlined in 45 CFR 235.63 through 235.66(a).

A partial reduction of work activity allows the employee to attend school and remain in their locale providing services to families and children and applying their new skills under faculty supervision. Employees selected for this program agree to repay the CD in time worked on the job. For selected BSW students preparing for employment in a public child welfare agency, the CD contracts with five universities throughout the state, to provide curricula electives specific to public child welfare, field placements in a public child welfare office, and stipends for senior year BSW students, selected jointly by the university's undergraduate school of social work and local CD staff. These students commit to work with the CD in IV-E programs upon graduation. Additional educational programs may be developed with other accredited graduate schools in the future.

Trends: Employees who obtain the MSW degree are eligible under the Merit System guidelines to advance to both supervisory and other administrative positions as well as clinical support positions such as the CD Specialist position. The BSW students who become full staff members may advance into first-line supervisory positions. These BSW students, now full staff members, may seek to obtain the MSW degree. To support the mission of our work with families, the CD seeks to maintain as many opportunities as possible for staff and for the BSW students seeking employment in a public child welfare setting. To achieve this goal, collaboration with universities, including negotiation of contracts, especially in the light of increasing tuition costs, and negotiation of relevant content of elective courses will continue. Budget restraints have, for the last four years, forced the recruitment of employees or persons preparing for employment to remain static.

Since 1999, we have enrolled 175 employees in the full and part-time MSW programs and 224 senior year BSW students in the undergraduate program for persons preparing for employment. Some employees have withdrawn from the part-time MSW program and finished the course work, paying for it themselves, as this fit their unique family needs. Others withdraw due to the demands of the workload and the study load or for personal difficulties. Some leave the CD; some remain employed.

Persons default on their repayment agreements for many reasons, most of which are associated with a change of lifestyle such as a spouse being transferred to another state for employment or military duty. More persons in the MSW programs remain employed longer after their graduation date than those employees the BSW program. This may be due to the MSW staff being employees with a minimum of two years experience prior to eligibility for the MSW degree program. The experience gives the employee a picture of the needs of families and children served by public child welfare and the employee feels they can do the work required. The BSW student has a practicum in a local county office and receives the same training as any other new hire. However the practicum lasts only four months, as opposed to the two years experience required of the current employee.

While we lose persons before they fulfill their agreement, and while we lose persons immediately after they fulfill their agreement, we retain many more. To date, the MSW program has 148 persons still employed and/or in an education degree program currently. The BSW program has 109 still employed. The BSW chart shows that many of these students meet their commitment then leave. The two main reasons given by the most recent BSW staff to leave prior to meeting their commitment, or immediately after are: 1) the stress of the job is more than they feel they can tolerate; and 2) they can find a better paying job elsewhere. Staff remaining employed for longer periods gain experience in the application

of their knowledge and skills to the actual work with families. They enhance both the services and mission of the CD as well as provide useful input into curriculum changes to meet child welfare's ever changing needs.

VI. Tribal Consultation

- Provide an update, developed after consultation with Indian Tribes in the States (States with no Federally-recognized Tribes within its borders should consult with Tribal organizations in bordering States, State-Recognized Tribes and/or urban Indian centers within the State to meet the intent of this provision) of the specific measures taken by the State in the past year to improve or maintain compliance with each of the five major requirements of the Indian Child Welfare Act (ICWA).

Missouri has no federally recognized tribes within the state. However, Indian Child Welfare Services are available through the two Indian Centers located in Kansas City and Springfield. These Indian centers provide social and child welfare services to Indian children and families within the catchments area. CD staff is responsible for coordinating all services with these Indian social service resource agencies. Services can be provided jointly and are responsive to the child and families' Indian heritage and culture.

1. Identification of Indian child by the State child welfare services agency: Indian heritage and membership is frequently not apparent, so it is important for the child and the family to be engaged in discussion about the possibility of tribal membership through ancestral heritage. The CD has established guidelines to help determine a child's Native American heritage status. The CD has revised policy and the FCS Family Assessment (CD-14) tool to assess the potential for tribal heritage with intact families as well as with families whose children have already entered care. This will assist the agency in being able to identify and plan for possible Native American placement resources much earlier. In addition, Indian Centers provide assistance in determining any family or child's Indian tribal membership.

The determination of a child's Native American status is completed as quickly as possible in order to assure rights and privileges of the ICWA are properly afforded to the child and the family. The juvenile office takes the responsibility for this determination. However, if the juvenile office does not assume this responsibility and the child and family is receiving services from the Division, the worker assumes this responsibility. The CD staff receives an overview of this Federal

legislation in the initial Child Welfare Practice Training. This training also introduces all Federal legislation that impact state policies.

2. Notification of Indian parents and Tribes of State proceedings involving Indian Children and their right to intervene:

The CD recognizes the need to work closely with the Indian Centers to coordinate services and continued cultural/heritage needs that meet the best interest of the child. Parents are immediately notified at the onset of involvement with the agency. Once the Native American status of a child has been determined, a contact is made with an Indian Center assigned to serve their geographic area. CD staff may also contact the Bureau of Indian Affairs (BIA) area office in Muskogee, Oklahoma. The child's record reflects Indian tribal information, biological parent information, and the steps taken as directed by the Indian Center. The Indian Centers are bound by confidentiality per Title II ICWA grantees.

3. Special placement preferences for placement of Indian Children:

The CD uses the following criteria when placing an Indian Child in any type of out-of-home care:

- A. Least restrictive setting which approximates a family and is appropriate to a child's needs, and
- B. Is within reasonable proximity to child's home while accommodating the child's needs.

The following preference order is used when placing a child in out-of-home care:

- A. A member of the Indian child's family which includes extended family.
- B. A licensed foster home approved by the Indian child's Tribe or their designee which may be the nearest Indian social services program.
- C. An Indian foster home license is approved by a non-Indian licensing authority.
- D. An institution for children approved by the Indian Tribe or operated by an Indian organization which has a program suitable to meet the child's needs. (Prior to considering an institution, a non-Indian licensed foster family may be deemed suitable for the child's care, if appropriate, in meeting the child's needs. This may be changed for "good cause" by the tribal court or the juvenile court.)

4. Active efforts to prevent the breakup of the Indian Family:

Native American/Indian children and families are eligible for all CD services if they meet the program eligibility requirements. Services of the agency which are aimed at supporting the family, as well as all available and appropriate community resources, should be made a part of the case plan in an effort to prevent the child's removal from the home. CD policy is consistent with ICWA guidelines.

5. Use of Tribal courts in child welfare matter, Tribal right to Intervene in State proceedings, or transfer proceedings to the jurisdiction of the Tribe: Cooperation is maintained with the state or tribal court assuming or having jurisdiction over a Native American child when providing services. Missouri courts assume secondary responsibility when the tribal court does not take jurisdiction. In any juvenile court proceedings, the Native American custodian or tribe of the child has the right to intervene at any point. All parties to the proceeding have the right to examine all the reports, testimony, witnesses and exhibits upon which the court's decision may be based.

CD staff has frequently discussed how to better collaborate with the state's two Indian Centers. Although the Southwest Indian center has agreed to be a part of the PIP Advisory Committee, they have yet to participate in the quarterly meetings. It is essential to have information on where the largest populations of Native Americans are residing in the state in order to develop a plan for collaboration or target services. Below are strategies that will be implemented in the upcoming year to improve collaboration with the Indian Centers:

- Intensify efforts to strengthen the early identification of Indian children through the use of the FCS Family Assessment (CD-14).
 - Partnering to increase the number of Native American foster homes through targeted recruitment and retention activities.
 - Inviting Indian Center representatives to STARS training to speak or train on Native American culture and how to educate foster parents on integrating Native American children into their home.
 - Developing a plan to recruit Native American youth for local or the state youth advisory board.
 - Researching information on what percentage of Native American fathers are incarcerated and target this population with ASFA information and the Fathers for Life program to help them stay connected to their children.
 - CD staff to visit Indian Centers to learn how to best engage the Native American community and become aware of service availability and needs.
- **Include laws, policies and/or trainings implemented to increase compliance with ICWA.**

Missouri adheres to the requirements and procedures of protective custody, alternative care placements, pre-adoptive and adoptive placements, voluntary relinquishments, actions to terminate parental rights, and those related to status offenses as outlined by ICWA. During the past year, the CD has provided several training sessions and revised

policy on the FCS Family Assessment (CD-14) tool to assess the potential for tribal heritage with intact families as well as with families whose children have already entered care.

- **Provide a description of the understanding, gathered from State consultation with Tribes, as to who is responsible for providing the protections for Tribal children delineated at Section 422(b)(10) of the Act, whether they are in State or Tribal custody.**

The CD is charged by statutes to provide a child protection system for the entire state. This child protection system promotes the safety of all children and the integrity and preservation of their families by conducting investigations or family assessments and providing services in response to reports of child abuse or neglect. The CD is also charged with coordinating community resources and providing assistance or services to children and families identified to be at risk, and to prevent and remedy child abuse and neglect. The juvenile court under chapter 211, RSMo, may take protective custody of an Indian child and order that child into CD custody for out-of-home care placement to assure the child's safety and protection.

VII. CAPTA (Child Abuse Prevention and Treatment Act) Task Force on Children's Justice

Child Abuse Prevention and Treatment Act Service Description

The State of Missouri currently conducts a number of activities targeted toward the prevention and treatment of child abuse and neglect. Since implementing our multi-response system to address reports of child abuse and neglect, Missouri continues to maintain a high standard of practice. Child safety is the paramount concern and Missouri's practice ensures child safety through a child focused family-centered approach. Missouri's practice is culturally sensitive, strengths-oriented and employs community child protection philosophy. Current and future initiatives are designed around strengthening and ensuring quality improvement of our statewide practice. The following activities are in fulfillment of CAPTA for the application and grant in accordance with the ACYF-CB-PI-03-08, and pursuant to compliance with part B of title IV of the Social Security Act [42 U.S.C. 620 et seq. and 42 U.S.C. 5106a of the CAPTA law], numbers (1), (2), (3), (4), (6), and (12):

1. The intake, assessment, screening, and investigation of reports of abuse and neglect as they relate to the CPS Redesign, CPS Redesign Evaluation and Family-centered Services;
2. (A) Creating and improving the use of multi-disciplinary and interagency protocols to enhance investigations as it relates to the CPS Redesign, CPS Redesign Evaluation and Family-Centered Services; and
(B) Improving legal preparation and representation, including –
 - (i) Procedures for appealing and responding to appeals of substantiated reports of abuse and neglect; and
 - (ii) Provisions for the appointment of an individual appointed to represent a child in judicial proceedings;
3. Case management, including ongoing case monitoring and delivery of services and treatment provided to children and their families as it relates to the CPS Redesign, Family-Centered Services, the National Committee for Prevention of Child Abuse and delivery of services through the Child Advocacy Centers statewide;
4. Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, as it relates to the CPS Redesign, CPS Redesign Evaluation and Family-Centered Services, including National Council on Crime and Delinquency, Children's Research Center's Structured Decision Making practice model;

6. Developing, strengthening, and facilitating training including:
 - (A) research based strategies to promote collaboration with the families;
 - (B) legal duties of such individuals; and (C) personal safety training for case workers;
12. Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level, as it relates to the Child Advocacy Centers and the National Committee for Prevention of Child Abuse.

Missouri's Child Protection System (CPS) continues to seek to be state of the art in its use of multi-disciplinary and interagency protocols to enhance the intake, screening, investigation, and assessment of reports of child abuse and neglect. Since initial implementation in 1995, Missouri's alternative response/dual track system continues to be considered best practice within Missouri and looked upon by other states as exceptional. Our design improved past methods by creating various responses to reports, while maintaining safety of children. Through the creation of community partnerships, families receive faster and more comprehensive service delivery.

The CD continues to enhance the general CPS system by fine tuning the safety and risk assessment tools and protocols. A holistic Family Assessment is completed at the time a family initially experiences a hotline report, if the report is screened as a Family Assessment. In 2000, the CD began working with the Children's Research Center (CRC), a Division of the National Council on Crime and Delinquency, on SDM at critical decision points, including: Screening a call at the CA/N Hotline; determining Response Priority; determining Track Assignment; Assessing Safety; and Assessing Risk. As a result of the work with CRC, the Safety and Risk Assessment tools were incorporated into the Child Abuse/Neglect Investigation/Family Assessment Summary (CPS-1 and CPS-1a), used in response to a child abuse/neglect report.

A follow-up evaluation was conducted by the Institute of Applied Research, which found: "the rate of new child abuse/neglect (ca/n) reports continued to be lower for demonstration families after five years; the factors underlying family risk of ca/n were more important explainers of recurrence than changes brought about by the demonstration; and taking risk into account, families in the original demonstration still had few new hotlines." (*A Study of the Missouri Family Assessment and Response System after Five Years and Structured Decision Making Final Report*, Institute of Applied Research, June, 2003, <http://www.iarstl.org/papers/MODiffResp2004a.pdf>).

Missouri has utilized the Children's Justice Act (CJA) Task Force in an advisory capacity to the Division on issues relating to child abuse prevention and

treatment. The CJA Task Force is comprised of representatives across the state from the areas of law enforcement, health, mental health, judiciary, education, community services, child advocacy, child welfare, residential services, and the state legislature.

The CJA Task Force assisted the Division in establishing three Citizen Review Panels across Missouri. In an effort to avoid creating unnecessary duplication but to have broad involvement of community members, who represent a variety of disciplines as well as geographic communities, three existing panels are utilized: CJA Task Force, Child Fatality Review Panel, and Child Abuse and Neglect Review Boards. Each panel meets at least quarterly and develops annual reports, which are made available to the public. The panels provide feedback and recommendations to the Division on their assessment of the status of children and families. These panels have expressed satisfaction with the Division's response to their recommendations.

Missouri continue efforts to meet the new CAPTA eligibility requirements by implementing the triage procedures for the appropriate referral of a child not at risk of imminent harm to a community organization or voluntary preventive services through a collaborative pilot project with the Family Support Division, Temporary Assistance Self Sufficiency Case managers in the Jackson, Clay and Platte counties. The Self-Sufficiency Case Managers responded to non-ca/n referrals with families who had open cases with the CD.

The implementation of this pilot project began in July 2004. However, due to a reduction in the TANF Self-Sufficiency Case Managers, the pilot was discontinued in the fall of 2005. A separate CAPTA requirement to train the child's legal representative in judicial proceedings, is continuing within the Missouri Bar Association who provides extensive training for all newly appointed Guardian ad Litem and CASA representative to be educated on the following: basic child abuse and neglect and the needs of the child; exercise independent judgment on behalf of the child in all matters; meet with the child in the child's placement as often as necessary to ensure the child is safe and to ascertain and represent the child's best interest; review progress of the case and advocate for timely hearings; participate in development or matters affecting the best interest of the child and monitor implementation of court-ordered services to determine whether services are being timely provided.

Lastly, in response to the CAPTA requirement to have provisions and procedures for referral of a child under the age of three who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act, Missouri CD is collaborating with the Department of Elementary and Secondary Education (DESE). The CD has collaborated with DESE and established policy that requires CD staff to make a referral to DESE First Steps Program when they have found a child under three to be a substantiated victim of child abuse/neglect.

Collaboration and Program Support

Family-Centered Services (FCS) will continue to develop, strengthen, and facilitate training opportunities and requirements for individuals overseeing and providing services to children and their families through the child protection system. These training approaches are primarily provided at the local level, are designed to improve overall case management and service delivery provided to children and their families. These efforts include:

- Consultation/training for staff in the county offices to assist them with developing service strategies with multi-problem families and family-based applications. FCS contracted consultants (family-based practitioners skilled in family-centered practice) help staff explore options and approaches to presenting problems with families, role model the staffing process, and reinforce the skills of a family-centered approach.
- Training for contracted consultants and Children's Services Specialist's on utilization of Family Conferencing Techniques, as well as Community Partnering for the Protection of Children philosophy for intact families. FCS consultants and Children's Services Specialist's will be able to model this technique for CD staff for use in family service delivery.
- Training provided for FCS staff by CD staff trainers or contracted trainers (i.e., Intensive In-home Services trainers), to assist them in improving their skills in providing family-centered services, e.g., interviewing skills. This training is usually provided within the context of completing and understanding the tools within the CS-16, Family Assessment Packet. Other training that can be accessed at the local or community level according to identified training needs, and Area training plans.
- The provision of specific one-on-one training with staff and families by modeling a family-centered assessment in the field with staff and selected family, carrying the process to conclusion and critiquing the process for best practice.
- Bring other providers to the table (e.g., Temporary Assistance, FUTURES, Self-Sufficiency, Child Support Enforcement Staff) as identified, in the process of providing direct technical assistance in Family-Centered Services assessment and service delivery.
- Provide clinical consultation services for CD in-house Intensive in Home (formerly Family Preservation) Services (IIS) staff. Such services would be focused on assisting IIS specialists in strategizing the assessment, treatment planning, goal setting, service delivery, termination, and the development of IIS follow-up service planning.
- Training is being provided to CD staff, JO, attorneys, GALs, and CASA on improved timeliness of hearings, concurrent planning, provisions of protective custody (including imminent danger definition and guidelines on standards of removal). These trainings are being provided by and in

collaboration with Office of State Court Administrators and CD. The grant assists in funding these videoconferences and in-person trainings.

- Develop new ways consultation can be provided as an education component within communities on family-centered, strengths-based practice.

The total funding necessary for Family-Centered Services, for each federal fiscal year, FFY-05 was \$205,549 and FFY-06, is \$150,000.

The CD supports Prevent Child Abuse Missouri's Training Institute for Home-based Service Providers. This includes 180 training hours through 19 two-day training sessions. Training locations include St. Louis, Columbia, Independence, St. Joseph and Joplin. An average of 32 visitation workers per session has their knowledge and skill enhanced by these advanced training sessions. Training topics include professional development, domestic violence, sexual abuse, high-risk families, working with fathers, legal issues, child development, child growth, supervisor training, teenage parents, child health, and family health.

The total funding necessary to support the Home Based Services Training Institute for each federal fiscal year FFY-05 was \$60,000 and FFY-06 is \$50,000 (out of another funding source).

The CD will also purchase resource/training material for central office and field staff to equip them to remain current on new and emerging trends in the prevention and treatment of child abuse and neglect. Pamphlets and related material will be purchased for mandated reporters and others to provide information on child abuse and neglect. We also have printed copies of the state child abuse/neglect law booklets and mandated reporter pamphlets, "Guidelines for Child Abuse and Neglect Report" for school personnel and other material which the CD produces, e.g.; telephone stickers and bookmarks with the Child Abuse/Neglect toll-free number.

The total funding necessary for resource/training materials, for each federal fiscal year FFY-05 was \$50,000 and FFY-06 is \$80,000.

Additional Eligibility Requirements (Pursuant to PI Instructions)

The CD will send representatives to the required National Center for Child Abuse and Neglect (NCCAN) State Liaison meetings. Representatives of the CD presented at the National CA/N Conference, April 21, 2005, in Boston, MA, on safety in out-of-home care. Additionally, Division representatives will be attending the ACF Conference on Methamphetamine and Child Welfare Impact & Response on May 8-9, 2006, along with a community partner in pursuit of enhancing Missouri's statewide policy and practice related to responding to ca/n incidents involving drug-exposure. A CD representative will attend the States and Tribes Conference in Arlington, VA, June 20th -22nd.

The total funding necessary for NCCAN, for each federal fiscal year, FFY-05 and FFY-06 is \$10,000.

The DSS, CD, is a member of the Missouri Chapter-National Committee for Prevention of Child Abuse (NCPCA), Missouri Juvenile Justice Association (MJJA), Child Welfare League of America (CWLA), and National Data Analysis System (NDAS). The Division is committed to the support of each of these organizations and their efforts to prevent child abuse. The yearly dues as a member agency have been paid from this grant in the past.

The total funding necessary for NCPCA/MJJA/CWLA/NDAS yearly dues, for each federal fiscal year FFY-05 and FFY-06 was \$12,000.

During 2005 legislative session, the Child Advocacy Center (CAC) budgets were cut from the Division's budgeted amount from \$1.8 million to \$800,000. CAPTA funds are supporting the services these centers provide. These centers provide vital forensic interviews and sexual abuse examinations that assist in the successful prosecution of abuse and neglect. CAC settings are established to be neutral and in a "child friendly" atmosphere in order to: (1) Reduce the emotional trauma of the investigation to the child and the non-offending family members; (2) Improve the ability of the Child Abuse Investigators to reach an appropriate finding; and (3) Improve the multi-disciplinary collaboration at the community level. These centers are regionally located to meet the needs of our children and families statewide.

The total funding necessary for the CAC for FFY-06 is \$268,093.

The State of Missouri is committed to providing a comprehensive array of services through public agencies and community action, which will prevent and treat child abuse and neglect in Missouri. The initiatives identified above will allow us to strengthen our programs and services in this area to develop or to enhance Missouri's process of intake, investigation, assessment, case management and service delivery, as well as, enhance the capacity of community based programs.

The total funding requested, which include funding for all the above CD initiatives and activities, for federal fiscal year FFY-06 is \$520,093.

Task Force on Children's Justice

The Federal Child Abuse Prevention Treatment Act (CAPTA) provides states the opportunity to receive funding to address the investigative, administrative, and judicial handling of child abuse, especially child sexual abuse. The CD was awarded federal funding for this purpose in the amount of \$338,374 in FFY05. As part of this grant requirement, Missouri established and has maintained a multi-disciplinary task force since 1991, to assess the state's child abuse

system and to recommend enhancements or changes to Missouri's child welfare policy and practice. Currently, the Task Force actively promotes improvements for the child protective system as a whole, fostering collaboration amongst all reaches of the system, including the child welfare agency, other public and private organizations, the courts, law enforcement, the general public, and more, while remaining focused on the objectives outlined by CAPTA.

At full capacity, Missouri's Task Force on Children's Justice consists of a diverse group of 21 professionals affiliated with the child protection system, representing most urban and metropolitan jurisdictions, as well as rural locations in the State, and includes law enforcement; judges and attorneys involved in both civil and criminal child abuse and neglect proceedings; child advocates; court appointed special advocates (CASA); health and mental health professionals; individuals representing child protective service agencies; individuals experienced in working with children with disabilities; and representatives of parents' groups

The Task Force is Co-Chaired by two persons appointed by the Director of the DSS of Social Services in consultation with the Missouri Supreme Court Chief Justice, and functions according to by-laws established after the Task Force was reformed in 2004. The Task Force meets at a minimum quarterly, and also serves as one of three citizen review panels for the State. The Task Force receives staff support from the CD and the Office of State Courts Administrator.

The Task Force completed strategic planning during the summer of 2005. The Final Strategic Plan includes the mission of the task force; a desired vision of Missouri's Child Protection System; an overview of a trends analysis and system assessment; long-range strategic issues, goals, objectives, and first-year strategic priorities; and a conclusion. Four key issues emerged from the strategic planning process, and task groups were formed to address specific objectives in each of the following areas: Adequate, Stable, & Flexible Funding; Improved and Expanded Services; Staff Development & Positive Work Environment; Positive Image & Public Support. Currently, the Task Force is moving forward to accomplish the tasks and objectives outlined in the Strategic Plan, reviewing and reporting on progress achieved during each quarterly meeting.

Strategic Plan 2005-2007

Missouri's Task Force on Children's Justice has worked diligently to make recommendations for improving the child protection system (CPS) over the years. Recent examples of the Task Force's initiatives include: (1) supporting legislation to increase background criminal checks on potential foster and relative placement providers; (2) supporting implementation of Structured

Decision Making, research based policy and practice within the child abuse/neglect hotline unit, as well as in the field; (3) opposing legislation that mandated child abuse/neglect reporting of sexually active teenagers; and (4) supporting legislation to provide for voluntary placement agreements for parents of children with (non child abuse/neglect) mental health issues. Further, in 2004-2005, the Task Force funded the following projects:

- Prevent Child Abuse Missouri “Colleagues for Children” newsletter
- Finding Words statewide forensic interviewing training
- Missouri Juvenile Justice Association Spring Conference scholarships
- Office of State Courts Administrator (OSCA) training for judges
- Midwest Foster Care Coalition Conference
- Missouri Juvenile Justice Association Fall Conference
- State Technical Assistance Team statewide multidisciplinary team training

In 2004, House Bill 1453 was passed into law, which requires numerous changes to Missouri’s child protection system. Consequently the CD recognized the need to fully utilize the Task Force, and hence re-commissioned the membership in late 2004.

As the Task Force began its work together, it identified a need to develop a strategic direction and priorities for the Task Force. In short, a strategic plan would set forth a strategic roadmap to the future, and help the Task Force deal with long-term issues and “stay the course.”

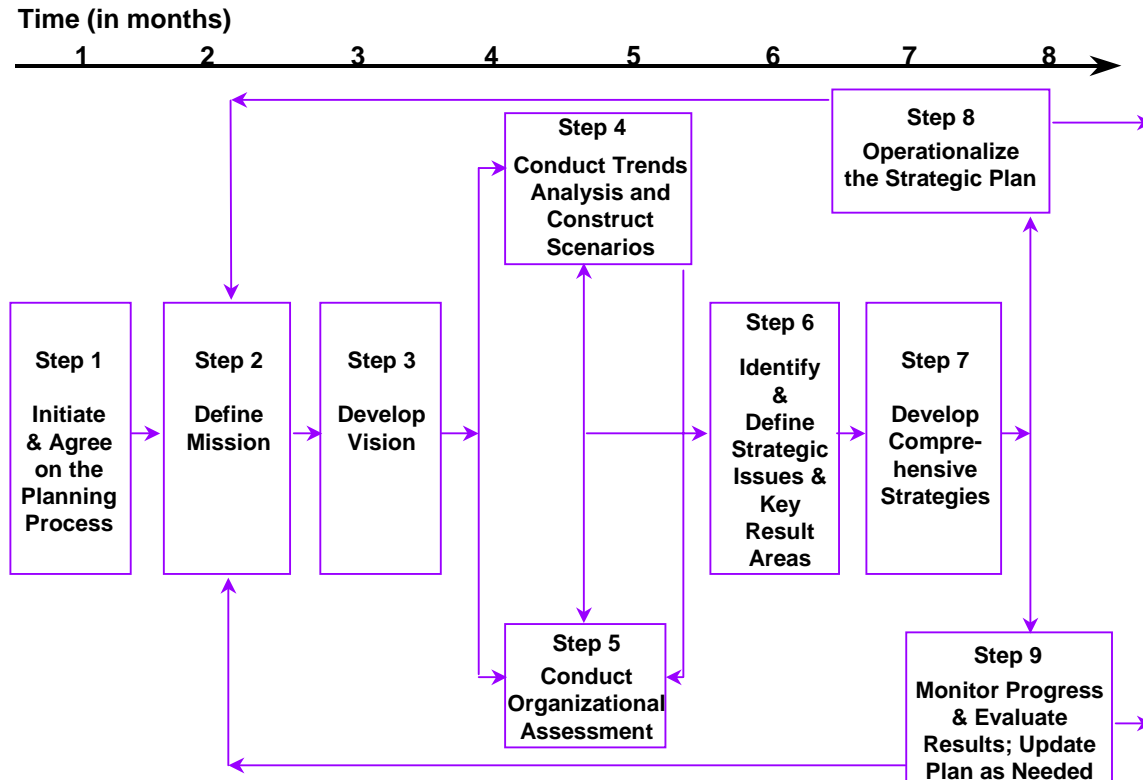
Dr. Brenda J. Wagenknecht-Ivey of PRAXIS Consulting, Inc., located in Denver, Colorado, facilitated the strategic planning process, which consisted of three, two-day strategic planning meetings in June, July, and August 2005.

Nationally recognized for her expertise in long-range strategic planning, Dr. Wagenknecht-Ivey assisted the Task Force and staff in developing a three-year Strategic Plan that sets forth the Task Force’s strategic priorities and action agenda for improving the Child Protection System in Missouri.

Below is the nine-step strategic planning model that the Task Force used to complete its strategic plan.

A Nine-Step Strategic Planning Model

Long Range Strategic Planning Process



The Strategic Plan includes the following:

1. Mission of the Task Force;
2. Desired vision of Missouri's Child Protection System;
3. An overview of a trends analysis and system assessment;
4. Long-range strategic issues, goals, objectives, and first-year strategic priorities; and
5. Conclusion.

Section II: Mission & Vision of the Task Force on Children's Justice

Mission: A *mission statement* expresses the fundamental purpose of an organization, or the Task Force. It explains why the Task Force exists. The mission of the Task Force, which is set forth in its bylaws, is as follows.

Task Force on Children's Justice

Mission Statement

(From By laws – June 2005)

The purpose of the Task Force is to advocate for improvements in the Child Welfare System in Missouri....by making recommendations on (1) DSS policy and practices; (2) family and juvenile court practices; and (3) collaborative

efforts with community child welfare and other nonpublic entities.

The Task Force also is to:

1. Examine administrative, investigative, & criminal/civil processing of cases involving child abuse & neglect;
2. Review, provide input, & evaluate the priorities/progress of the CD;
3. Make policy, legislative, & training recommendations;
4. Monitor progress on recommendations included in the Supreme Court Commission Final Report (June 2003) & subsequent reports;
5. Assist in developing public awareness strategies for the CD; and
6. Serve as a Citizen Review Panel.

Vision of the Future: A *vision statement* defines a preferred future of an organization, or in this case the Missouri Child Protection System. It describes what Task Force members desire the system to become or do in the future: what it should be at its best. A vision statement should be compelling, bold, inspirational, and convey a sense of urgency. It also should be believable and achievable.

Below is the Task Force's vision of the Child Protection System in Missouri.

Task Force on Children's Justice

Vision Statement

(June 2005)

1. Children are safe in their homes and communities.
2. Missouri's Child Protection System provides a comprehensive continuum of services including traditional and expanded services such as prevention, assessment, protection, support, treatment, health, and education.
3. Agencies, partners, and stakeholders communicate, cooperate, coordinate, and collaborate effectively.
4. The public understands, supports, recognizes, and values the contributions of the Child Protection System.
5. Communities are actively involved in keeping children safe.
6. The Child Protection System has adequate, stable, and flexible funding, and is accountable for the use of its resources.
7. Staff are competent, motivated, and valued.

SECTION III: Overview of Trends Analysis & System Assessment

A *trend* is a series of related events or activities that appear to have a demonstrable direction over time. There are many types and categories of trends such as continuation, cyclical, or emerging as well as social, economic, political/policy, and technological trends.

Conducting a trends analysis is an important step in a strategic planning process. It helps assess:

1. The nature, magnitude, and sources of demands likely to be placed on the Child Protection System in the upcoming years; and
2. The implications of the demands on the system.

The Task Force identified a variety of trends impacting, and assessed potential implications on, Missouri's Child Protection System. A few of the most significant implications are listed below.

1. The Child Protection System in Missouri will likely experience increased demands for services, but will have fewer resources. In all there will be both a scarcity of services and resources.
2. The Child Protection System will not be able to adequately address the needs of children and families in Missouri.
3. There will likely be an increase in child abuse.
4. There will likely be an increase in foster care drift (e.g., reduction in permanency, reduction in relative care, and an increase in institutional care).
5. Each case will be more complex and multi-dimensional.
6. There will be an increasing need for prevention and early intervention.
7. Needs assessment will become increasingly important.
8. The System will need to employ "super workers" and "super care providers" to do their jobs well given the pressures, demands, and stress.

Next, the purpose of a System *assessment* is to evaluate the system's capacity both now and in the future to move toward the vision in light of the demands it will likely experience in the years ahead. A SWOT analysis is a process of identifying the system's strengths, weaknesses, opportunities, and threats (i.e., SWOT) given the vision and implications of a variety of trends.

The SWOT analysis included a critical look at the following elements of the Child Protection System in Missouri:

1. Legislation, Policies and Procedures, & Court Rules;
2. Achievement of System Outcomes (Results);
3. Case Management and Work Processes and Practices;
4. Use of Technology, MIS, & Use of Data and Information;
5. Collaboration with Partners and Access to and Use of Community Resources;
6. Public/Community Image and Support;
7. Resources: Funding, Staffing Levels, etc.;
8. Work Environment and Morale of Staff.

The analysis revealed that the current Child Protection System has much strength – many things are in place and many things are done well. However, the SWOT analysis also revealed some weaknesses – or areas for improvement in the future. (See Attachment C for a complete summary of the strengths and weaknesses of the System.)

Given the results of the assessment, below are some of the opportunities and threats facing the Task Force and the Child Protection System in the years ahead. (See Attachment C for a complete list of the possible opportunities and threats.)

Some of the opportunities include:

1. Educating decision-makers and the public on how the system works.
2. Advocating for positive collaboration among all players at the state and local levels.
3. Proactively reporting on successes.
4. Pursuing innovative funding (e.g., grants, private/public partnership).
5. Helping create/shape effective delivery of services.
6. Advocating for workers/staff and helping to resolve issues.

A few of the biggest threats include:

1. Lack of stable, adequate, and flexible short and long-term funding; lack of sustainability of funding; competing needs; and lack of private funding.
2. Turf issues that impede true collaboration.
3. Turnover of staff.
4. Lack of statistics/data that show progress; failure to use the data to make better decisions.
5. Perception of quick fix.

SECTION IV: Strategic Issues, Goals, Strategies & Action Agenda

Strategic issues are internal or external issues that are fundamentally important to the Task Force over the long-term. They are often the underlying or more encompassing issues of what superficially appear to be numerous unrelated or loosely related problems that significantly impact the Task Force's long-term success.

Strategies are comprehensive, institutional responses to the strategic issues. Strategies should include (1) several complementary *goals*, which are broad statements that define the desired, end targets that the Task Force will strive to achieve over the next three years, for each of the issue areas, and (2) several objectives for each of the goals. *Objectives* are general statements that describe the manner in which the end result – or goal – will be achieved. *Priority projects* are the shorter-term (6 to 18 months) strategic and operational priorities – or the action agenda – of the Task Force. As they are completed, the Task Force should be making progress on fulfilling its mission, achieving the vision, accomplishing the long-range goals and dealing with each of the respective issue areas.

Below are four strategic issues that emerged from the strategic planning process. A description of each issue as well as the goals, objectives, and strategic action agenda are presented next.

Task Force on Children's Justice
Strategic Issue Areas
(August 2005)

1. Adequate, Stable, & Flexible Funding
2. Improved and Expanded Services
3. Staff Development & Positive Work Environment
4. Positive Image & Public Support

Adequate, Stable, & Flexible Funding

Summary: Missouri's Child Protection System needs to be adequately funded if it is to keep children safe in their homes and communities. Further, it needs stable and flexible funding to be able to provide a comprehensive continuum of services to children and families. Currently, the system is not adequately funded, and the funding is unstable and not very flexible. Further, there is a lack of innovative funding in the Child Protection System. There are insufficient private, public, and other partnerships to help fund or provide resources to the System.

Detailed Description: In recent years, funding for the child protection system has fluctuated. The overall budget for the CD has increased from \$508.7 million (FY04) to \$534.4 million (FY06); however, the core budget funding has been reduced for certain program areas. Further, additional mandates are now required and discretion and flexibility of spending authority have been reduced. Specifically, HB 1453 was signed into law on June 29, 2004. Among other things, this Child Welfare Reform bill mandates family support teams and courts proceedings within three business days of a child's removal from the home; timeframes for hearings in child abuse and neglect cases; and open hearings and open records in child abuse/neglect and termination of parental rights cases.

HB 1453 expanded requirements statewide without additional funding. An example of the reduction in flexible spending occurred during the 2005 legislative session. In this example, the CD authority to spend the Federal CAPTA (including Task Force on Children's Justice dollars) was removed and directed to the Child Advocacy Centers, where forensic interviews and treatment for child victims are provided. In sum, inadequate, unstable, and inflexible funding hampers the System's ability to protect Missouri's children from abuse and neglect.

Some members of the Executive, Legislative, and Judicial Branches may not fully understand the needs of DSS and the Child Protection System as a whole. And, there are philosophical differences among leaders in what should be funded and how limited fiscal resources should be used. In particular, a recent evaluation¹ of 600 judges, clerks, juvenile officers, CD employees, attorneys for parents and children, and Court Appointed Special Advocates who attended regional Comprehensive Child Welfare Conferences² (CCWC), revealed strong opinions about the current gaps in child welfare policy in Missouri. Conference participants stated that there is a need for a coherent child welfare policy and for a legislature that truly understands child welfare issues. They strongly felt the requirements of new statutes are contradictory to child welfare service needs.

As a result, it can be construed that children and families in the State of Missouri are not a high priority. Possible causes to this problem might be a lack of understanding of (1) the role, benefits, and significance of an effective child protection system, and (2) the cost/benefits of all aspects of the programs and services including the cost savings associated with prevention. Finally, the priorities of the state's leaders' change frequently and there are many competing demands for limited resources.

Finally, innovative funding sources including grant opportunities are pursued currently only on a limited basis. It is frequently not known what is available and the CD lacks staff to research or pursue opportunities that exist. It should be noted, however, that the CD has recently applied to the Federal Administration for Children and Families for a grant, the first in over five years, to replicate the Jackson County Newborns Exposed to Substance Abuse initiative. Finally, the state has developed only a few formal and informal partnerships with private or community organizations across Missouri to assist in providing needed resources for children involved in the Child Protection System (e.g., clothing for foster children). Consequently, the state is required to provide these necessities.

Below are the long-range goals, objectives, and strategic action agenda for this strategic issue area.

Goal 1: The Child Protection System will be adequately funded to ensure children are safe in their homes and communities.

Objective 1: Advocate for increased and stable funding to meet the System's needs.

¹ Dr. Lilliard Richardson and Shannon Daily Stokes, *Comprehensive Child Welfare Conference: An Evaluation of Interagency Learning*, 2005.

² In an effort to improve the coordination and problem solving abilities of teams at the local level, the DSS and the Office of State Courts Administrator funded, developed, and implemented a series of regional conferences in the spring of 2005.

Objective 2: Educate executive, legislative, judicial, business, and community leaders about the needs, roles, benefits, and significance of the Child Protection System.

Objective 3: Build support for the Child Protection System within the Executive, Legislative, and Judicial Branches and business/community.

Goal 2: Innovative funding sources will be developed to provide resources for children and families in the Child Protection System.

Objective 1: Form partnerships with private businesses, not-for-profit organizations, and other public entities (e.g., universities).

Objective 2: Pursue and secure innovative funding sources.

Goal 3: Flexible funding will continue in this State.

Strategic Issue #1: Adequate, Stable, & Flexible Funding
Final Strategic Action Agenda/Projects
(August 24, 2005)

1. Make presentation(s) to/develop ongoing dialogue with the legislature & budget committees on need for adequate funding of core services.
2. Recommend & advocate for/with DSS & Legislature: 1 FTE dedicated/trained resource development specialist (to do grant writing and research, government & private sources).
3. CD to educate the Task Force on CD's budget and sources with recommendations on increased and flexible funding.
4. Develop collaboration with higher education institutions for innovative projects & funding.

Objective 1: Advocate for the continued ability to use appropriated funds flexibly.

Improved & Expanded Services

Summary: The Task Force's vision for the Child Protection System in Missouri includes providing a continuum of public and private services ranging from prevention to permanency. This array of private and public services specifically includes prevention, assessment, protection, support, treatment, mental health, health, and education. There is a need to expand services, improve existing services, evaluate services, identify best practices, and consistently

implement policies, procedures, and best practices throughout all areas of the state.

Detailed Description: There are several parts to this strategic issue area. First, existing programs and services need to be improved and expanded to meet the needs of children and families in the state. Currently, the state's Child Protection System lacks a comprehensive continuum of services. For example, existing funding does not fund prevention services and programs. Similarly, other services such as intensive in-home treatment or affordable medical and dental services are not considered integral to the Child Protection System and thus, are under-funded or not funded at all.

In addition, existing services such as educational, medical, and mental health assessments need to be improved. In particular, according to the 2004 reassessment of the Juvenile Court Improvement Project (JCIP), only 44 percent of judges/commissioners and 30 percent of juvenile officers reported community services as adequate to meet the need, a decline from 1996 when 55 percent of judges/commissioners and 41 percent of juvenile officers reported that community services were adequate. The most frequently named service delivery gaps were in the areas of counseling/mental health services, substance abuse treatment, parent aides, parenting classes, affordable medical and dental services, and other needs such as housing, transportation, foster resources, and intensive in-home treatment. Further, in the evaluation of the CCWC, team members representing each of the 45 judicial circuits noted similar service delivery gaps. They identified the failure of Department of Mental Health (DMH) personnel to follow-up as the primary contributing factor to a lack of mental health services. Other services needed included additional foster homes, in-home assistance, transportation, and access to attorneys.

In addition, (1) it is not easy to access information about available resources; (2) there is a lack of service resources in some areas of the state; and (3) too often a "cookie cutter approach" to services (e.g., in treatment plans, court orders) is used where in fact different children, families, and communities have different needs (e.g., rural vs. urban). Examples of a lack of service resources in some areas of the state, that were identified during the Circuit Self Assessment process of the Federal Child and Family Service Reviews (CFSR), include an overall lack of dental care readily available for people with Medicaid, a lack of public transportation in most counties, and a limited number of soup kitchens and food pantries in many counties. Finally, judges and court staff need to better understand what services are available and how to access them.

Research and evaluation is needed to identify best and promising practices. The System would benefit from tapping national research or evaluating existing programs within Missouri to identify best or promising practices for preventing child abuse and neglect, or using effective programs, services, and practices for working with abused and neglected children and keeping them safe. Benefits

also would be gained by a more systematic sharing of information across the state.

Finally, policies, procedures, and best practices need to be implemented consistently throughout the state. Currently, there are inconsistencies across the state in how policies, procedures, and best practices are implemented. Some of the reasons for the inconsistencies include:

- Inadequate supervision and management
- A lack of skills-based training and a need for quality, not quantity
- High turnover in the CD and legislature
- Differences in the resources of urban and rural jurisdictions
- Lack of education on and understanding of issues (e.g., judicial officers)
- Lack of timely response to proposed legislation
- The legislature wants a quick solution/immediate change, which does not give the CD time to evaluate.

While consistent implementation of policies, procedures, and practices is needed throughout the state, there also needs to be flexibility in providing services at the local level to ensure that the services provided actually meet the needs of children and families in the respective communities. Creative, outside the box thinking is needed to make this happen. Below are the long-range goals, objectives, and strategic action agenda for this issue area.

Goal 1: A continuum of services from prevention to permanency will be provided to all children and families in need.

Objective 1: Determine existing service and resource gaps in the Child Protection System.

Objective 2: Collaborate with private, public, and not-for-profit organizations to help fill the service and resource gaps and/or to expand the array of services provided throughout Missouri.

Objective 3: Build support among leaders in the legislative, executive, and judicial branches and private and not-for-profit organizations for improved and expanded child protection services.

Goal 2: Services will be of the highest quality and meet the specific needs of children and families across the state.

Objective 1: Ensure that policies, procedures, and practices are implemented consistently throughout the state.

Objective 2: Adopt and implement best practices and performance standards throughout the state.

Objective 3: Recommend changes to improve the quality of services provided to children and families.

Strategic Issue #2: Improved & Expanded Services
Final Strategic Action Agenda/Projects
(August 24, 2005)

1. Conduct a “service gap analysis” (begin by using existing evaluations) & make recommendations to fill gaps.
2. Review outcomes of the CD Quality Assurance program & make recommendations to improve the effectiveness of services (includes the study of consistency issues.)
3. Develop a comprehensive Child Protection System Resource Guide (state and local).
4. Prioritize service area with deficiencies & use research on best practices to address issues.

Staff Development & Positive Work Environment

Missouri’s Child Protection System will only be as good as its staff. After all, they are the ones who serve children and families across the state. To that end, it is essential for DSS staff, court staff, and private/contract providers to be competent and motivated. They must feel valued if they are to excel in their stressful, difficult, and important jobs. Currently, for DSS and private/contract providers in particular, it is difficult to recruit, retain, and motivate the workforce and the work environment needs to be improved. The CD turnover rate increased from 19% in FY03 to 20% in FY05.

In particular:

- Pre-service training is available and builds competency, but ongoing training to improve skills and provide for ongoing professional development needs to be more available.³
- Cross-training of professionals in child protection is available but needs to be sustained locally and made available regularly.
- The office facility and leadership affect the physical and emotional work environment.
- Promotion opportunities are generally limited to supervisory/administrative positions. Thus, there are inadequate promotional opportunities for staff who want to remain in direct services.

³ In the Judiciary, the education budget has been reduced from \$2.4M in FY03 to \$1.4M in FY06. The Division of Judicial Department Education is responsible for coordinating training service for almost 4,000 state court personnel.

- Rewards should be available for educational, high risk professional growth, tenure, etc.
- Recruitment strategies need to be broad based and includes universities as an ongoing recruitment tool. Universities should tie funding to recruitment (e.g., encourages child protection as a profession).
- External/internal recognition of successes needs to be established.
- Legislative mandates, agency policies, and supervisory oversight need to support practice without micro-managing.
- Caseloads need to be reduced and caseload standards need to be established. Performance should be tied to funding.

Further, staffing levels at DSS, the courts, and private/contract providers must be sufficient to handle the burgeoning caseloads/workloads. For example, according to the 2004 Juvenile Weighted Workload system⁴, the juvenile courts were short 157 direct service deputy juvenile officers required to effectively screen, process, and supervise youth. This number is even more staggering when it is realized that ongoing child welfare/protection and foster cases are currently excluded from that estimate while at the same time HB 1453 has actually increased the level of court activities for these types of cases. Since 1997, there have not been any new allocations of juvenile officer positions. Below are the long-range goals, objectives, and strategic action agenda for this issue area.

Goal 1: Staff will have the knowledge, skills, abilities, and supervisory support to do their jobs well.

Objective 1: Assess the skill level and training needs of staff.

Objective 2: Assess and evaluate existing training programs to make sure the requisite knowledge, skills, and abilities are being taught.

Objective 3: Advocate for additional training and development opportunities for staff and management.

Objective 4: Form partnerships to provide skills-based training for the Child Protection System.

Objective 5: Advocate for sufficient supervisory staff.

⁴ The Juvenile Weighted Workload (JWWL) system estimates the need for additional direct service deputy juvenile officers in Missouri's 35 multi-county circuits. The JWWL compares the number of staff hours required to screen and process juvenile court referrals and supervise youth in accordance with the Standards for the Administration of Juvenile Justice, with the actual number of staff hours available to juvenile courts to complete these direct service activities.

Goal 2: The workloads of all staff (public and private contractors) will be of manageable size and nature to best meet the needs of children and families.

Objective 1: Determine an optimal size and nature of caseloads/workloads.

Objective 2: Advocate for a manageable caseload/workload for staff and management.

Goal 3: Staff will feel valued and supported.

Objective 1: Develop innovative ways to formally and informally recognize staff performance.

Objective 2: Advocate for improved pay, benefits, incentives, and equipment for staff.

Objective 3: Advocate for improvements to work facilities and physical work environment.

Strategic Issue #3: Staff Development & Positive Work Environment
Final Strategic Action Agenda/Projects
(August 24, 2005)

1. Analyze existing studies/data relating to optimal size & nature of caseloads & make recommendations.
2. Recommend that the CD evaluate the feasibility of a dual, career-track program with pay incentives.
3. Recommend that the CD conduct a workplace study to determine employee needs regarding a professional and safe environment.
4. Recommend that the CD evaluate the effectiveness of the structured decision-making model as it effects case management and caseload.

Positive Public Image & Public Support

Summary: The Child Protection System is an integral part of Missouri's support system for children and families in need. The System's future will be enhanced if it has a more positive public image and thus, receives more public support. To accomplish this goal the System must be accountable, educate and inform others, and foster positive public relations.

Detailed Description: There are several ways to improve its public image and gain support. First, the Child Protection System must be and demonstrate that

it is accountable. It must be fiscally responsible and accountable and it must demonstrate that it is achieving positive social and fiscal outcomes for families, taxpayers, and society as a whole. It must overcome perceptions that the System is not accountable currently.

Demonstrating accountability is difficult as outcomes/results are difficult to define and measure. And, in some cases, there is a lack of data to demonstrate effectiveness. However, it should be noted that while accountability is difficult to demonstrate, both the CD and the courts are taking affirmative steps to be more responsible and accountable for achieving desired outcomes. For example, DSS is implementing its Program Improvement Plan to address issues identified during the Federal CFSR. Among other things, it is updating the contracts of all provider agencies (e.g., Foster parent Licensing contract, Crisis Nursery contract, Case Management privatization contract) to include performance-based measures.

In addition, the Courts are implementing the Judicial Information System (JIS),⁵ which will significantly improve efficiencies, access, and timeliness across the state. By June 30, 2005, JIS was installed in 34 of the state's 45 judicial circuits, incorporating 82 of the state's 115 counties and the independent City of St. Louis. Also, the Supreme Court recently adopted (June 30, 2005) new rules⁶ pertaining to mandatory three-day proceedings following a child's removal from home; timeframes for hearings in child abuse/neglect cases; untimely hearings; continuances; open hearings; and open records. Also adopted was a court operating rule requiring presiding judges to submit quarterly reports of all hearings that are not held within the required timeframes. The courts are using a new tool called Cognos Connection to make better use of existing data through improved reports (e.g., milestone reports, workload reports, exception reports).

The Missouri Juvenile Justice Information System (MOJJIS), which was created out of the 1995 Juvenile Crime Bill, enables multiple state agencies providing services to delinquent and abused/neglected youth to share information and coordinate services. MOJJIS has improved assessment, intervention and treatment services, and tracking across agency boundaries throughout the state.

Second, the System must educate and inform others about the role, benefits, and outcomes of its programs and services. Specifically, executive, judicial, and legislative decision makers must understand the Child Protection System. They

⁵ JIS is an automated case management system being implemented in Missouri courts to provide statistical and management information.

⁶ Developed under the Missouri Supreme Court Family Court Committee, the Juvenile Court Rules Workgroup was assigned responsibility for drafting revisions to the Rules of Practice and Procedure in Juvenile Courts. Included in the Workgroup's charge was the instruction "to advise the Family Court Committee on appropriate revisions to existing rules necessary to comply with all the directives of HB 1453 and to address any inconsistencies in the current rule."

need to be informed of what the System does, how it serves and protects children and families, and why the services and programs are vital to the overall “health” of Missouri. Among other things, term limits, apathy among leaders, and competing demands make this challenging. Currently, information is not shared with these leaders in a formal, systematic manner, there are not forums to educate and inform them, and the System does not proactively share successes/results.

The public, participants, and users of the system also need to be educated and informed about the Child Protection System. They too need to understand what it does, why it is important, and the vital role it plays in protecting children from harm. The System currently does not use innovative approaches to educate and inform the public and others, appealing to values and the common good.

Finally, the System does not currently have positive public relations and does not presently have a mechanism for sharing information between the System and media without compromising family confidentiality. Specifically, the System currently does not: (1) report on its progress and accomplishments; (2) proactively showcase its results and demonstrate its overall value to citizens of the state; or (3) use other effective media for gaining positive press. In short, it does not have a consistent, positive message (e.g., marketing/public relations campaign, spokesperson) that will help build support for the System. Below are the long-range goals, objectives, and strategic action agenda for this area.

Goal 1: The Child Protection System will be accountable.

Objective 1: Measure outcomes more effectively.

Objective 2: Demonstrate the positive programmatic and fiscal outcomes that are achieved for children and families.

Objective 3: Effectively communicate positive outcomes to the public.

Goal 2: Government leaders will be informed about and knowledgeable of the role, benefits, and importance of the Child Protection System.

Objective 1: Provide regular and frequent information to government leaders about the Child Protection System.

Objective 2: Gather feedback from government leaders about the Child Protection System.

Goal 3: The public, stakeholders, and families of the Child Protection System will be informed about and knowledgeable of the role, benefits, and outcomes of the System.

Objective 1: Develop and market a positive “brand” image.

Objective 2: Develop a positive relationship with the media.

Objective 3: Disseminate information on the role, services, and benefits of the Child Protection System.

Strategic Issue #4: Positive Public Image & Public Support
Final Strategic Action Agenda/Projects
(August 24, 2005)

1. Develop Public Relations strategy (in partner with universities, public, corporations to create media campaign).
2. Educate key legislative decision-makers on positive outcomes of CPS (by touring hotline, shadowing CD & Juvenile Court workers, etc.)
3. Establish relationships and increase understanding and cooperation with media to disseminate positive outcomes.
4. Obtain and use data on permanency outcomes and cost effectiveness associated with timely permanency vs. children that have not achieved timely permanence.
5. Establish a procedure for communicating information on positive CPS outcomes including Task Force vision/priorities on an ongoing basis.

SECTION V: Conclusion – Taking Action & Making a Difference

The members of Missouri’s Task Force on Children’s Justice invested many hours and collaborated extensively in developing this Strategic Plan, demonstrating a relentless commitment to improving the Child Protection System and ultimately, the lives of children and families throughout the state. An ambitious short-term action agenda and long-term roadmap are outlined above. Working collectively, the Task Force along with its many partners throughout the state, will make a difference – leaving a lasting footprint – in expanding and improving the services provided to children and families in need.

To ensure implementation and follow-through, the Task Force has formed four strategic action implementation teams around each of the strategic issue areas. The charge of the teams is to develop and execute a plan to achieve the strategic projects in their respective areas. The teams, which will be comprised of a team leader and team members, will report on their progress and accomplishments regularly and where appropriate, coordinate their efforts with those of the other teams. Each year, the Task Force will review, celebrate, and communicate progress and accomplishments, and establish a new strategic action agenda for the upcoming year.

Finally, the Task Force needs assistance and support from many state and local partners to succeed. Thus, it will share the Strategic Plan, communicate and build support for its strategic action agenda, and enlist the assistance of its many partners in the months ahead. Working together, significant improvements will be achieved.

VIII. Chafee Independent Living Services

- **Accomplishments achieved and planned activities for each of the first five purposes of CFCIP:**

1. Assist youth to transition from dependency to self-sufficiency:

The CD has used the Chafee Foster Care Independence Program (herein referred to as Chafee) funds to staff one state level coordinator. The state level coordinator position is responsible for program development and coordination, implementation, resource development, training, administrative oversight, technical assistance, and policy development. For FY 2007 the position and responsibilities of the state level coordinator will remain the same with the additional responsibility of contract management and oversight.

The CD currently uses Chafee funds to staff up to 15 ILP Specialist positions located throughout the state. The Specialists work directly and collaboratively with case managers, foster parents, contracted providers, and youth. They are responsible for local program coordination, service delivery, community resource development, contractor compliance, on-going consultation and education to agency staff, foster parents, and other providers. They provide direct services to youth in skill assessments and training on a one-to-one basis and in small groups. The Specialists also provide services through youth camps, retreats, and conferences. Referrals for Chafee services are commonly made to the ILP Specialist from youth's case manager, foster care providers, other agencies or by self-referral.

In FY 2007 it is the intent of CD to disperse the duties of the ILP Specialists to contracted providers and to seven regional state employees. The ILP Specialist positions will no longer exist. Local program coordination, service delivery, community resource development, etc, will continue to be performed in a more team oriented manner, versus a specialized concept. Some of these duties, such as direct service delivery to youth, will be performed by contracted providers. Other duties, such as training, will be performed by CD employees.

The seven regional employees will be largely responsible for contract monitoring and compliance but may also help with program coordination. Case managers will become more knowledgeable and responsible for ensuring that the older youth they work with have their needs met. Adolescent case managers, which are utilized in the northern region of Missouri, and specifically trained on CFCIP and services available to older

youth in foster care, will also play an essential role in efforts to educate staff and meet the needs of older youth.

The purpose of the Independent Living Program (ILP) is to assist foster and former foster youth achieve positive outcomes in their transition to self-sufficiency. Since 1997, Missouri has provided independent living services to youth ages 14-21. This past year, the CD assigned a workgroup, consisting of CD staff from all levels, to take an in-depth look at current policy, practice and outcomes of its program as well as programs across the nation to be able to make recommendations to create a program that is financially responsible, accountable and sustainable and meets the needs of youth. From this workgroup three essential recommendations were made and are in the process of being implemented in FY 2007. These recommendations include a change in practice, with the development of Older Youth Transition Action Teams; a change in policy, with the incorporation of a chapter in the Child Welfare Manual designated entirely to working with older youth in foster care; and comprehensive tool, the Adolescent Family Support Team Guide and Individualized Action Plan, to aid in transition planning for older youth.

Children entering into custody of the CD have differing experiences, levels of resiliency, and unique needs. Missouri's ILP is designed to allow maximum flexibility in eligibility for services; regional allocations to support program costs; and access to additional funding on behalf of eligible youth and young adults to address individual needs.

Youth are provided information about available Chafee services by the ILP Specialists, case managers or life skills facilitators. Services are available to assist youth in complementing their own efforts to achieve self-sufficiency and to assure they recognize and accept personal responsibility in preparation for and the successful transition from adolescence to adulthood. All youth ages 16 and over are required to have an independent living case plan regardless of their permanency goal. They shall be involved in their case planning to address the development of skills and resources needed to facilitate their transition to self-sufficiency. In FY 2007, the Adolescent Family Support Team Guide and Individualized Action Plan will be introduced to case managers to utilize for development and documentation of the youth's transition plan.

Chafee funds will also be utilized to continue supporting Missouri's Aftercare program for youth who have exited state custody at 17.5 and older, but have not yet reached age 21. Additionally, funds will be used for administration and facilitation of the foster youth advisory boards.

Life skills training is available in all regions of the state. A state core curriculum is used and modules are added to meet needs of youth in

different geographical areas. Skills training vary in length and generally last six to nine months, meeting once per week for two hours in a classroom setting. Field trips, seminars, workshops, weekend retreats, camps, and community service projects are also used to supplement the program. Youth receive a small stipend and other incentives for attending each training session and completing homework.

In FY 2007 the life skills training is expected to be provided by contracted providers, including contracted transitional living programs and contracted residential programs. CD will no longer require a six to nine month course but will recommend providers develop competency based training modules for each set of life skills taught. The state life skills core curriculum will continue to be the foundation for each provider to teach from, however, the state will not dictate how these core life skills are taught.

Policy at the CD currently requires all staff to begin exit planning for all youth ages 17 and older and for those who will be leaving foster care. The purpose of conducting an exit planning interview is to identify anticipated service needs and arrange those for older youth who will soon be exiting foster care. An exit interview must take place at least 6 months prior to the youth leaving custody; for all youth at ages 17 or older; and annually, for all youth over the age of 18 who remain in care and custody. In FY 2007 the Adolescent FST Guide and Individualized Action Plan will be replacing the current exit planning and independent living plan form and policy. After internal review, through peer record reviews, 48% of older youth case files did not have an independent living plan documented in the case record. There were several factors that hindered this planning. The Adolescent FST Guide and Individualized Action Plan is intended to be a proactive, youth driven case planning tool. This tool should be discussed and utilized at least every six months at the FST meeting with youth ages 14-21.

The Jim Casey Youth Opportunities Initiative (JCYOI) is in partnership with Jackson County CD. JCYOI is a national endeavor to assist youth in foster care in making successful transitions to self-sufficiency and independence. JCYOI's goal is to bring together people and resources needed to assist youth in making the necessary contacts they need for employment, education, housing, health care, and supportive personal and community connections. JCYOI began partnering with Missouri in December 2001 in Kansas City area.

CD will continue to work with JCYOI to assist them in educating the communities to support foster youth and to understand the importance of involving youth in the decision making process that affects their lives. JCYOI's purpose is to accomplish three key strategies: youth leadership boards, community partnership boards, and Opportunity Passports. The Opportunity Passport is designed to organize resources and create

opportunities for foster and Aftercare youth. It assists youth in accumulating assets and direct experience with money management. Youth who apply and are selected to receive a Passport will receive an individual development account (a matched savings account), a personal debit account, and a variety of available community services at reduced rates or obtain preferential treatment.

2. Help youth receive the education, training, and services necessary to obtain employment:

All youth should have a minimum of a GED as an overall goal. Many efforts were made to help youth gain job training and work experience this year.

In an effort to keep current with technological needs, youth are provided with the opportunity to attend computer camp. CD contracts with Instructional Access to provide computers and training for youth. In Spring 2006, 100 youth were selected to participate in the 2 ½ day training camp. Each received a new computer system with printer upon completion of the program.

CD staff including case managers and ILP Specialists referred youth to Job Corps, Americorps, and all branches of the military.

Youth received job training, job mentoring and placement, and social support. Various community members representing their professions were used as guest speakers. Graduates of life skills training return to the program to serve as paid interns, class co-facilitators, office assistant and serve as tutors, mentors, and chaperones in activities with younger foster children.

Missouri's Workforce Development also offers five Job Corps centers that Missouri youth can attend. Three are located in Missouri. Job Corps is a residential education and employment training program. It provides vocational and academic skills to young adults between the ages of 16 and 24. The program provides youth accepted into the program with room, board, and spending money while they learn. Job Corps is committed to providing a safe environment for its students to ensure they acquire the skills and preparation they need to succeed in the workplace.

The Missouri Mentoring Partnership (MMP) provides funding to nine community partnerships to implement structured work site and community-based mentoring. When youth are referred they must complete a 20-30 hours (based on the youth's learning capacity) job readiness training. The curriculum focuses on "soft skills" training, resume preparation and mock interviewing. Once the youth passes the job readiness training, they can begin their job search and then a job mentor is assigned.

In the Spring of 2006, Missouri Mentoring Partnership held a “mini-conference” on “Life After High School” which introduce youth in foster care and juvenile detention to choices regarding post-secondary education choices and steps to achieve these goals. Information on Education and Training Vouchers and the Chafee Foster Care Independence Program was shared with youth at this conference.

In FY 2007, it is the intent of the CD to pursue greater development and utilization of the “Shared Youth Vision” collaborative effort. To date a few state agencies have come together to discuss how this collaboration can be an effective strategy to meeting the needs of youth in their agency.

3. Help youth prepare for and enter post-secondary training and educational institutions:

Early and on-going support for education is extremely important in preparing youth for self-sufficiency. Education is being approached in a comprehensive and integrated manner in the early years. Setting and monitoring educational goals will assist youth in understanding the importance of having a vision of educational success. The State of Missouri is committed to ensuring youth have the opportunity and support to access post-secondary education or training.

Educational services and supports are also available to any foster youth to assist them in achieving their educational goals. Services are provided based on the youth’s educational needs. Educational supports can include an education advocate, tutoring, individualized plans, and other needs necessary for the youth to be educationally successful.

With the passage of the Stable and Safe Families Act, Missouri now offers Education and Training Vouchers (ETV) program. Missouri uses ETV funding to expand and strengthen its post secondary educational assistance to eligible youth.

The purpose of the ETV program is to provide resources to eligible young adults to apply toward the cost of attendance at post-secondary vocational/educational institutions. Eligible ETV program participants are youth who are eligible for services under Missouri’s Chafee program and youth who were adopted or achieve legal guardianship after the youth 16th birthday. Young adults who are receiving financial assistance through ETV on their 21st birthday may continue to receive ETV services up until their 23rd birthday, provided they are enrolled in a post-secondary education or training program and is making satisfactory progress toward completion of that program.

Youth applicants must be graduating high school seniors, have their high school diploma, be completing their G.E.D. or have a G.E.D. certificate. Youth must be preparing for enrollment in post-secondary education, have been accepted for enrollment or are presently continuing their education at an institution of higher learning including a vocation/technical school. Youth must be making satisfactory progress (minimum GPA of 2.0 or otherwise agreed upon) and provide a copy of a transcript verifying their GPA in order to receive continuing assistance. If youth are attending a program which does not use grades to document progress, the youth must provide a letter from the program verifying the youth is making satisfactory progress.

Funds provided under the ETV program may be used for expenses related to the cost of attendance as defined in section 472 of the Higher Education Act.

Missouri offers different types of post-secondary institutions, which provides education and/or training beyond the high school level. There are regionally accredited institution of higher education in Missouri which includes two-year colleges, four-year colleges and universities and a state college. There are accredited independent nonprofit two-year colleges, four-year colleges and universities, technical and professional institutions, theological schools, and seminaries. There is also a long list of proprietary institutions that may be accredited and unaccredited but are certified to operate by Missouri Department of Higher Education that generally offers education and training designed to prepare graduates for direct entry into specific occupations or profession.

4. Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults:

The ability of young people transitioning out of or who have exited foster care to develop a support network, and the influence of informal role models to serve as mentors in a support network is critical. Missouri currently offers personal and emotional support to young people through job placement, formal and informal mentors. Committed and caring adults are essential in guiding young people and helping them maneuver in their community.

The Missouri Mentoring Partnership (MMP) provides resource coordination for youth and volunteer mentors recruited from the community. These mentors provide positive role modeling, friendship and guidance around employment and parenting issues to youth who are entering the workplace or have become parents.

Community service or volunteering is a critical component in our life skills training program. We find that youth who volunteer in community service programs have an opportunity to meet and develop relationships with adults and other youth who are involved in the same projects as well as develop work skills.

The Missouri CD promotes interaction between youth and dedicated adults through the Transitional Living Advocate program. Through this program youth are connected with adults who become their advocate or mentor. These adults receive 18 hours of training from ILP Specialists on adolescent issues, including three (3) hours each in cultural/race sensitivity, ILP life skills training overview, adolescent development with an emphasis on what to expect from adolescent behavior, emotional obstacles out-of-home care youth must overcome, adolescent sexuality and behavior management via natural consequences. These adult advocates provide the youth a safe place to stay, continued life skills training, encouragement and guidance in regard to employment, education and/or training, and preparation for successful transition from CD custody.

The Casey Family Programs “Ready, Set, Fly” curriculum for in-service training of foster parents was available in February of 2004. This training is provided as a supportive tool foster parents can use with youth working in the independent life skills classes to help them practice their skills learned in the home.

In FY 2007, the State Youth Advisory Board plans to reorganize the peer mentors program that they felt was a beneficial program. The State Youth Advisory Board would like to initiate peer mentoring through organizing foster youth support groups at local schools.

5. Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age:

Missouri continues to provide services and support for youth in foster care or former foster care youth between 18 and 21 years of age. While in foster care, these older youth are provided with the same services as the younger youth. In addition, older foster youth also receive education, training, and other services necessary to obtain employment, prepare for and enter post-secondary education and training.

Chafee services are available for foster youth ages 14-21. Youth who exit foster care on their 17.5 birthday and have not yet reached age 21 are eligible to receive Chafee Aftercare services. Youth may access Chafee

services as needed while in the Division's care and custody or as a former foster youth.

Aftercare services are flexible, short term and used as a safety net to meet the needs of the youth after they have exited DFS custody. The needs and array of services vary depending on the need of the former foster youth. Chafee funds may be expended for a variety of reasons and should be used as a support for the young adult, not an on-going supplemental funding source. Aftercare services may include emergency/crisis intervention services, housing/room and board, educational/job training/employment assistance, and other support services.

Room and board services are only available to youth who exited custody at age 18 or after, but they have not yet reached age 21. Room and board may include security and utility deposits, rent, utilities, food, start-up kits, basic necessities, and basic furniture. For federal fiscal year 2006, Missouri was allotted \$3,007,131; of that amount approximately \$371,975 has been spent to date, which is 12.4 percent of the Chafee federal funding spent on room and board for Missouri's youth.

Support services provided include life skills training, transportation, child care, clothing, and other expenses as needed. Youth may receive up to a lifetime maximum of \$3,500.00 for any one or a combination of all these categorical services during their eligibility period, excluding post-secondary educational and training assistance.

- **Collaboration activities achieved and planned with other Federal and State programs for youth:**

Missouri holds annual stakeholder meetings to gather input about the Chafee program and to collaborate and engage with community partners. This stakeholder meeting includes involvement from other state agencies, the two Indian Centers in Missouri, and community organizations. This stakeholder meeting was to be expanded into a team model with meetings to be held at least two times per year to give input and review outcomes. In this last year only one stakeholder meeting was held, however it is still the intent of CD to hold more regular and frequent stakeholder team meetings. The National Resource Center on Youth Development has continued to help Missouri develop its stakeholder team. The CD also believes that in this past year, we have been able to utilize stakeholder opinions and input in other arenas, besides the stakeholder team format.

The state level coordinator for the Chafee Foster Care Independence Program sits on the Council for Adolescent and School Health (CASH). This council is administered by the Department of Health and Senior Services

and consists of various state and county agencies. Its goal is to support adolescent and school health and to facilitate collaboration to promote a coordinated, family, community, and school approach to achieve healthy adolescent development.

It is through this council, the CD has partnered with Missouri Department of Health and Senior Services, and Children's Mercy Hospitals and Clinics to sponsor three regional Mental Health Issues in Adolescence workshops in the fall of 2006. These workshops were designed to target foster parents and youth workers to help them to understand adolescent growth and development, substance abuse issues, sexually transmitted diseases, eating disorders and obesity in teens and to learn about treatment and interventions. Title IV-E funding will be utilized for payment of hours worked by case managers attending this training.

The CD is making revisions to the Transitional Living Program. During this revision of policy and contract, CD has requested assistance and input from various transitional living providers, including Runaway and Homeless Youth grantees, youth in foster care, and the National Resource Center on Youth Development. The CD plans for a new contract and policy to be forthcoming in FY 2007. The new contract would allow for more flexibility with service delivery to youth in the program, including training of independent living skills. Policy will be designed to prompt youth to transition from more restrictive setting to least restrictive setting by the time they reach the age of 20, so that they are better prepared for aging out at 21 years old.

The CD, in FY 2007, plans to attend the National Governor's Association "Strengthening Youth Policy in States". This Policy Institute will help to align state programs, policies and initiatives around a clear vision, reduce confusion due to fragmented administrative structures, and make the delivery of services to youth more cost effective.

Youth in foster care will be participating in the Department of Mental Health (DMH) stakeholder meeting in FY 2007. The youth will be able to give their perspective and input on DMH policy and procedures as it effects and relates to foster care youth.

The Missouri Treasurer's office has established a college savings and investment program for Missourians to contribute to a 529 college savings account for foster children of Missouri. The program, known as BELIEVE was established in December 2005. The CD assists the Treasurer's office in identifying youth in foster care that are college bound.

An ILP Specialist serves on the Older Homeless Adolescent Taskforce. This is a coalition of multiple agencies and organizations within the St. Louis

community, coordinated by the Legal Services of Eastern Missouri, that meet quarterly to learn about each other, discuss and develop solutions, and provide community services to prevent and decrease homeless teens in their area.

- **Training conducted in FY 2006 and planned for FY 2007:**

The CD promotes interaction between youth and dedicated adults through the Transitional Living Advocate program. Through this program youth are connected with adults who become their advocate or mentor. These adults receive 18 hours of training from ILP Specialists on adolescent issues, including three (3) hours each in cultural/race sensitivity, ILP life skills training overview, adolescent development with an emphasis on what to expect from adolescent behavior, emotional obstacles out-of-home care youth must overcome, adolescent sexuality and behavior management via natural consequences. These adult advocates provide the youth a safe place to stay, continued life skills training, encouragement and guidance in regard to employment, education and/or training, and preparation for successful transition from CD custody. In FY 2007, Transitional Living Training will be facilitated by local staff.

The Casey Family Programs “Ready, Set, Fly” curriculum for in-service training of foster parents is provided as a supportive tool foster parents can use with youth working in the independent life skills classes to help them practice their skills learned in the home. In FY 2007 foster parents that are licensed will receive the training through local training staff.

Ansell-Casey Life Skills Assessment, Adolescent FST Guide and Individualized Action Plan, and permanency issues specific to older youth will be trainings offered in FY 2007 by the state level coordinator, ILP Specialists and youth to CD staff and contracted providers.

- **Service design and delivery of the trust fund program:**

Missouri has not established a trust fund program for youth receiving independent living services or transition assistance.

- **Activities undertaken to involve youth in State agency efforts, such as the CFSR/PIP process:**

CD recognizes the importance of and remains committed to youth involvement and development. When possible, youth are asked to assist in foster parent STARS pre-service and in-service trainings. Other trainings include Transitional Living Advocate and Court Appointed Special Advocates. Youth are often invited to participate and speak on youth

panels, facilitate and lead workshops. Youth on the State Youth Advisory Board host and design the entire annual state youth conference. Workshops and conference activities are generally led by the youth.

Through the State Youth Advisory Board (SYAB) and Area Youth Advisory Boards (AYAB), youth have an opportunity to give policy and procedural input to CD staff, provide meaningful leadership training and experiences for board members, and empower board members who, in turn can empower other youth in out-of-home care.

SYAB and AYAB members have been involved in panel presentations and various state/area conferences regarding what the Chafee Foster Care Independence Program has meant to them and how it can make a difference. Other involvement includes:

- Meeting with legislators during the Annual Child Advocacy Day to provide information and advocate for foster care and independent living services.
- Speaking at community meetings to provide information about foster care and adoption issues.
- Participating in agency meetings and committees, such as the PIP Advisory Committee and CQI state level meeting
- Participating in other community youth boards or councils, such as FosterClub All-Stars.
- Providing Chafee Foster Care Independence Program and Education Training Voucher Program information to foster parents, youth and community members.

In FY 2007 youth will also help train staff on the new Adolescent FST Guide and Individualized Action Plan, sharing their perspective on why this tool will help youth transition successfully from foster care.

- **Describe if and how the state has utilized the option to expand Medicaid:**

Missouri did not utilize the Medicaid Option to provide medical services to former foster youth who left care at age 18 or older and have not yet reached age 21.

- **Explain the results of Indian Tribe consultation:**

Missouri does not have federally recognized Indian tribes in the state. However, there are two centers, the Heart of America Indian Center and the Southwest Missouri Indian Center, that are active in the state.

Representatives were invited from the Indian Centers to participate in the Chafee stakeholder team.

In FY 2007 the CD intends to actively seek input and consultation from the Indian Centers through engagement in the stakeholder team process but also through requested participation in various workgroups. The Chafee program intends to actively seek out Indian youth who would be interested in participation on Area Youth Advisory Boards and the State Youth Advisory Board.

All benefits and services under the programs are made available to Indian youth in the state on the same basis as other youth. All youth, ages 14 and older, regardless of descent, per policy, are to be referred to the ILP Specialist for support and services.

IX. Education and Training Vouchers

- **Describe the specific accomplishments and progress to establish, expand or strengthen the State's postsecondary educational assistance program to achieve the purpose of the Education and Training Vouchers (ETV) program:**

Missouri continues to expand the Education and Training Vouchers (ETV) program to serve eligible youth. Missouri does not have a state tuition waiver program and currently uses ETV funding received on October 1, 2004 to assist youth with costs of attendance for post-secondary educational and training programs.

In FY 2007, the CD is going to contract the ETV program with a private provider. It is with this intention that the CD through specific contract requirements plans to utilize all of the ETV funding received. CD believes that the contracted provider will have greater access to post-secondary schools and training programs and an expertise on how to maximize this funding for each youth. The contracted provider will be expected to develop and implement community awareness and outreach programs to identify eligible youth. They will include descriptive material such as brochures, posters, and websites to market the Missouri ETV program.

Setting and monitoring educational goals will assist youth in understanding the importance of having a vision of educational success. Current requirements for eligible youth to receive assistance are:

- Youth must demonstrate academic success or motivation in school (generally a "C" average or its equivalency or as otherwise agreed upon with the plan) or in a training program;
- Youth must be accepted to an accredited college/university, vocational school or certified training program;
- Appropriate scholarships, grants and other financial assistance must be explored and utilized, and;
- There must be reasonable assurance the youth will graduate from the educational or training program.

The major portion of the ETV funding will be used to continue and expand the current program by increasing the number of youth served. Since October 2004, approximately 292 youth have been served through ETV funding.

An application process is in place which requires youth to provide information on financial need. The application process and a database will track services and expenditures to ensure that vouchers do not exceed the total cost of attendance or \$5,000 per year.

Currently, eligible youth access the ETV program through his/her Independent Living Program (ILP) Specialist. Eligible youth are those who currently qualify for Chafee services and are in the process of transitioning out of foster care or former foster care youth between the ages of 17.5 – 21. Foster and former foster care youth participating in ETV on their 21st birthday shall remain eligible until their 23rd birthday, provided they are making satisfactory progress. Post-secondary ETVs will also be offered to youth who were adopted or achieved legal guardianship after age 16.

Current and former foster care youth are eligible to receive the federally funded Pell Grants. CD requires all youth applying for ETVs to submit a copy of their Free Application for Federal Student Aid (FAFSA) and an award letter from their chosen school providing all other financial aid awarded. Youth may choose to attend public, private or non-profit four-year universities or colleges, two-year community colleges, vocational/technical schools or specialized one-year training programs. Educational or training programs must be accredited/pre-accredited or certified. Youth must be willing to participate in federal Work Study program or work part-time.

X. Financial and Statistical Information Reporting

For FY2007, the percentage for IVB, Subpart 2 will be similar to FY2004 and FY2005 expenditures.

- IV-B planned expenditures for FY 07 will be the same as in FY04 and FY05, and are as follows :
 - 37% on Family Preservation -
 - 6% on Time Limited Reunification - Expenditures on Reunification represent contracted services. In addition, the CD provides many Family Reunification services with in-house staff that are not captured in this number.
 - 57% on Caring Partnerships (Community Based Family Support/Adoption Promotion Activities). Community Partnerships provide community-based family support and other services including adoption promotion and support services. Also, regarding Adoption Promotion activities, the CD contracts with private agencies to develop Adoptive and Foster family resources. Funding for these activities comes from other sources besides the IV-B Grant.
- In FY 2004, \$16,456,887 was spent on IV-B part 2 type activities. \$6,162,637 was spent on Family Preservation, \$894,110 on Family Reunification, and \$9,400,141 on Community Partnerships which provide community-based family support and other services including adoption promotion and support services. Expenditures in excess of the grant are taken to other sources including state funds and other allowable federal sources. The above expenditures on Family Reunification are for contracted services only. In addition, to these services, CD staff provide Family Reunification services. The Division also contracts with private agencies to develop Adoptive and Foster family resources.
- In 1992, the total expenditures for Child Welfare programs were \$63.8 million, of which \$41.9 million was state funding. This funding included the appropriations for Children's Treatment Services, Family Preservation, Foster Care, Residential Treatment, Group Homes and Independent Living. In FY 2004, total expenditures were \$220.1 million, of which \$123.8 million was state funding. The total amount spent for Family Preservation in 1992 was \$2.8 million, most of which was state funding. In FY2004, the amount was \$6.2 million. Approximately, 71% of the \$6.2 million is taken to the IV-B grant (\$4.4 million) of which \$1.1 million is lapse. The remaining \$1.8 million is taken to other sources which are primarily state funding. For Community Partnerships, there are no expenditures recorded in 1992. In

1993, Prototypes, which was a precursor to the Community Partnership Program, \$152,671 of state funding was spent. For FY2004, approximately \$6.8 million of the Community Partnerships expenditures account against the IV-B grant. Of this amount 25% is the state funding which is \$1.8 million. The remaining expenditures are funded from other sources which are primarily state funding. There are no expenditures in FY1992 for Family Reunification Contracts. The Division received authority for these contracts in FY 2004.

- The Missouri DSS does not use IV-B Subpart 1 funds for foster care maintenance currently and did not in 1979.
- The amount of Chafee grant funds expended in federal fiscal year 2004 was \$3,303,069, the total expenditures including the state match was \$4,128,836. For FFY 05 YTD the grant funds claimed is \$1,392,026 and total expenditures including the state match is \$1,740,033. For the FY 2004 grant, \$71,177 was used for housing and maintenance payment for staff. For the FY 05 grant YTD, \$40,500 was used. The CD is currently in the process of revising the administration, operation, and structure of the Independent Living Program which is funded by Chafee. This may change services provided and result in more room and board being provided through the Chafee grant. However, at this point, no changes have been made, and it is difficult to provide specifics.
- A total of 110 youth have received an ETV grant, 62 for the first time in FY06.
- The CD plans to partnership with a private agency to reach more children who need and qualify for the ETV grant. This will mean an increase in the usage of the grant. The goal is to fully use the ETV grant to help more foster children go to college. Based on the maximum grant of \$5,000 to goal is to reach 200 children who are in need of assistance.
- For FFY 2004, the amount of ETV grant expenditures was \$304,222 and FY2005 was \$191,000.

Addendum to the Annual Progress and Services Report August 2006

1. Service Descriptions for Each of the Programs.

a. Report on and evaluate the specific accomplishments and progress achieved in the past fiscal year toward meeting each goal and objective including improved outcomes for children and families and a more comprehensive, coordinated, effective child and family services continuum.

Provide a brief evaluation for Child Welfare Services

Child Abuse and Neglect Prevention – services include:

SDM

Preventive services

Newborn Crisis Assessment

BSIU

HCY

School Based Social Workers

CBCAP

Crisis Nursery

In order to prevent child abuse we must first help and support the parents. Preventive services, crisis nursery, and school based social workers are effective in helping parents protect and nurture their children. We are currently reviewing the effectiveness of the Newborn Crisis Assessment, School Based Social Worker, and Crisis Nursery programs. Regarding other evaluative information on our prevention programs, the University of Missouri has conducted evaluations on the CBCAP program and found that families served by CBCAP programs have had fewer incidences of child abuse/neglect.

Child Abuse and Neglect Intervention – services include:

CA/N Hotline

CA/N and Family Assessments

OHI

STAT

CAC

The Child Abuse/Neglect Hotline and the implementation of the Call Management System (CMS) have brought remarkable improvement in responsiveness. The CA/N and Family Assessment dual response system has been effective in allowing the agency to be flexible and family centered in meeting the diverse needs of families. The CACs are effective in that they provide a neutral, child focused setting where children can be put at ease as

much as possible. Examples of intervention in child maltreatment include the investigation of child abuse reports by state child protection agencies, clinical treatment of physical and psychological injuries, family counseling, self-help services, the provision of goods and services such as homemaker or respite care, legal action against the perpetrator, and removal of the child or the offender from the home.

Child Abuse and Neglect Treatment Services – services include:

Preventive Services

Child Care

School Based Social Workers

Treatment services provided to families and children may include parent education, budgeting help, crisis intervention, sex abuse treatment, mental health therapy and when necessary out-of-home placement. The assumption is that these services are working because child and parental functioning improvements are indicated and children are able to be reunified with their parents. We are currently reviewing the effectiveness of the School Based Social Worker programs.

Foster Care services include:

Foster STARS/Adopt STARS training for placement providers

Family, specialized and therapeutic foster homes

Respite Care

Family to Family

Purchased services

Specialized Care Management

Comprehensive Children's Mental Health Services

Residential Treatment Services

ICPC

Our Outcome data illustrates children are safer in foster homes, when comparing child abuse/neglect report rates within intact FCS cases and children reunified within three (3) months. During FY 06, of the 16,464 children in foster care, there were only 1.7% children *reported* as victims; compared with 10,898 children in FCS cases, 12.86% were reported as victims; and of the 3,559 children reunified, 6.18% were reported as victims (within three months of reunification).

The Family to Family Initiative pilot in St. Louis City has been effective in reducing the reliance on institutional or congregate care and reducing the lengths of stay for children in foster care. This is possible through the building of community relationship and the recruitment, training and support of resource families within the family's neighborhood.

The Specialized Care Management contract targets children with complex and persistent behavioral health issues not readily addressed in traditional residential care. Representing only 15 percent of the total population of children served, their treatment costs were 85 percent of total expenditures. This contract provides a wrap-around treatment approach which enables support services to be individually tailored to a child's needs in the community. We have seen that over 70 percent of children leaving the contractor's care have sustained gains made and remain in the community rather than in restrictive, institutional settings.

The STARS and Spaulding trainings as well as the electronic scan service are available to all Children's Division foster, relative, kinship or adoptive care providers. The electronic scan service has resulted in a decrease in the wait time for families to be licensed as criminal history information is returned to the agency much more quickly. The decreased wait time means that more families are available to provide care to the children in Division custody and children are able to go with identified relatives and kinship caregivers more quickly.

Kinship Care -

We would suggest that compared to non-kinship care, children in kinship care have more stable placements and fewer prior placements and a better opportunity to maintain relationships with their family, siblings and friends. We would also suggest that there is an 'emotional permanence' for children and they would feel more safe and secure living within their extended family. We believe that children have a stronger sense of belonging and have more continuity in their lives.

However, we acknowledge there are some disadvantages with kinship care which include the likelihood of delay reunification. They appear to be less likely to pursue guardianship or adoption due to the relationship with the birth family. Kinship homes are more difficult to supervise and to enforce treatment plans. Unlicensed kinship providers are not required to undergo the same rigorous training as licensed foster and relative homes and therefore receive less training and support from the agency.

Other Permanent Living Arrangements -

The Transitional Living Program (TLP) is a small but effective program, which includes placements in Transitional Living Group Home, Transitional Living Single and Scattered Site Apartments and Transitional Living Advocate home. The CD has been working with youth, staff, providers and other stakeholders to develop a new TLP contract, one that more accurately reflects the needs of the youth and requires outcomes to be measured. This improvement in the TLP contract will allow providers to better serve the youth in Children's Division custody. These youth will be able to benefit from living in a TLP placement because the design of the program allows the youth to utilize the life skills that

they have been taught and practice being independent yet with the safety net of moderate adult supervision.

An Independent Living Arrangement (ILA) allows youth who are prepared to be independent the opportunity to live independently with the support of the CD. This program is an important step in the progression of becoming independent. Youth who are transitioning out of care that are in an ILA know they are responsible for themselves but know they have the support and resources of the CD and their family support team members. This allows the youth to experience independence yet have needed support around them when necessary.

Provide a brief description for Promoting Safe and Stable Families Programs

Family Preservation (Intensive In-home Services)

An analysis of the 2005 consumer satisfaction surveys data on families who participated in the Intensive In-home Services (IIS) and Family Centered Services (FCS) indicated that overall families were more satisfied with IIS. IIS families reported that their worker listened to what they had to say, 73 percent, and was encouraged to participate in the planning process, 69 percent, versus FCS families at 36 percent and 23 percent respectively. During SFY 05, 1,728 families were served through IIS, 1,478 families remained intact following the services and did not have a child placed out of their home within 12 months following the service. This meets and exceeds the division's goal of 80 percent for this service.

Family Support – services available include:

Family-Centered Services

Child Care and Development Fund

Early Childhood Development Education and Care Fund

Strengthening Families through Early Care and Education

Family Violence Prevention Services

School Based Social Workers

Through these services, the agency or contractors are providing a comprehensive array of services to assist intact families to prevent removal or assist out of home care families move towards reunification. While these are all preferred and valuable services, during fiscally challenging times, we must design services with a reasonable fit for children and families. Quality assessments, clear goal setting and carefully chosen interventions are hallmarks to providing exceptional services to children and families.

Time-Limited Reunification

While CD does not formally track Family Reunion Services (FRS) outcomes, we continue to support this program because staff inform that this is a valuable

service to prevent children from linger in foster care. Our FRS program is replicated in two states, Kentucky and Alabama and referenced on the National Family Preservation Network (NFPN) website as a model program. Prior to the end of 2006, the division will award contracts for eight new FRS specialists in the rural regions.

Adoption Promotion and Support Services

Recruitment plans are currently being developed throughout the state for the coming fiscal year including those previously indicated. Missouri has found the current recruitment events to be highly successful in finding specific resources for identified children as well as serving as a means to heighten awareness in the local community on the need for adoptive families.

Coordination of recruitment strategies continues with Missouri Western College and Webster University. St. Louis community partners are also exploring the successful methods utilized in Illinois to increase adoption recruitment. Planning and consultation continues with the National Resource Center to improve Missouri's recruitment strategies. The NRC has worked extensively with the CD to improve the recruitment packet for prospective foster/adoptive parents. In this consultation process the expectations of staff in responding to inquiries have been clearly outlined.

In addition data tracking systems are being devised that will allow complete tracking of inquiries and measure progress in retaining families throughout the licensing process from initial interest placement. This data tracking will allow a standardized measure of the CD progress in recruitment and retention and allow identification of weak areas in the CD recruitment process that can be improved. This tracking system will also allow more thorough tracking of the entry point for each interested family and allow a thorough evaluation of which recruitment activities are resulting in recruitment of the greatest number of viable adoptive resources.

b. Explain planned activities, new strategies for improvement, and the method(s) to measure progress in the upcoming fiscal year:

Philosophy of CQI

CQI is a process by which *all staff* are involved in the evaluation of the effectiveness of services provided to participants by the Children's Division. Evaluation involves the examination of the division's internal systems, procedures, and outcomes; the examination of input from participants, and the examination of relationships and interactions between CD and other stakeholders. CQI is intended to be a process that is creative, inclusive, regular, structured, solution focused, efficient, empowering, action oriented, and common sense driven. Tenants of the CQI process include:

- CQI allows service providers to look at their activities and task performance and create plans for improvement.
- CQI is different from traditional quality assurance in that its focus is self-directed, self determined change rather than change imposed by an external entity.
- CQI determines whether services meet predetermined expectations of quality and outcomes.
- CQI attempts to correct observed deficiencies identified through the CQI process
- Every person is part of a CQI Team.
- The CQI process involves multiple levels of team meetings.
- Each team sends one representative to the next level meeting.
- All CQI meetings and team members are equal in importance.
- 90% of the issues are resolved at the level that first identified the issue.
- A continuous feedback loop ensures the continuity of the process.

CQI teams are *decision-making teams*. The teams are solution focused. Meetings result in the identification of needs, goals, and available resources, as well as strengths of the program, the staff, and the participants. Plans are formulated that build on those strengths. Areas needing improvement are identified and discussed, action plans are developed, and strategies are implemented to improve service delivery. Team members have the responsibility for advocating for their proposed improvements.

The first level CQI team is able to implement an action plan for 90% of all issues identified by that team. Those issues that are not resolved are shared with the next level team for possible resolution. Through this process, needs are met by those most directly affected and by those with the most knowledge about the needs and the solutions.

Supervisory Consultation and Oversight

Supervisors are the most visible and accessible role models for CD social service workers. By actions and words, supervisors can implicitly and explicitly establish the limits of permissible behavior. Effective methods of supervision are adapted to the individuality of each CD social service worker and to the group as a whole. Based on the need and experience of the worker, individual supervisory conferences are provided on a weekly, bi-monthly, or monthly basis by plan, or by request. Monthly group meetings or conferences provide the opportunity to review memorandums, new policies and policy updates.

Accreditation

During June 2006, the CD learned the Central Office and Child Abuse and Neglect Hotline Unit met National Standards through the Council on Accreditation (COA) for accreditation. During July 2006, Circuit 34 (New

Madrid, Dunklin and Pemiscot counties), the first of 45 circuits has also met national standards. Second wave sites have been announced and preparation efforts have begun. COA site visits planned for state fiscal year 2007 will include the following circuits and approximate dates:

Week of November 6, 2006: Circuit 4 (Atchison, Holt, Nodaway, Gentry, and Worth)

Week of December 4, 2006: Circuit 35 (Dunklin and Stoddard)

Week of January 8, 2007: Circuit 21 (St. Louis County)

Week of February 5, 2007: Circuit 6 (Platte); Circuit 8 (Ray and Carroll)

Week of March 12, 2007: Circuit 18 (Pettis and Cooper); Circuit 19 (Cole)

Week of April 16, 2007: Circuit 23 (Jefferson)

Week of May 21, 2007: Circuit 29 (Jasper)

Week of June 11, 2007: Circuit 44 (Wright, Douglas, Ozark).

f. For each service described above, report the populations(s) to be served, the geographic areas where the services will be available, and the estimated number of individuals and/or families (or to be) served.

Child Abuse and Neglect Prevention services including CBCAP, IIS and Crisis Nursery will serve approximately 13,000 individuals statewide in FY 07.

CA/N Intervention includes services provided during an investigation/family assessment, which involves children and families statewide. Approximately 80,000 children will be served through reported incidents of abuse/neglect.

CA/N Treatment Services was provided to 69,491 families and children and we anticipate an approximate number to be served statewide during FY 2007.

Foster Care services were provided to 16,000 children in family and specialized foster homes, kinship homes and other permanent living arrangements during the past year and we anticipate serving the same amount of children during FY 2007.

Kinship Care – There were approximately 16,460 children in the custody of the CD statewide placed with relatives during SFY 06. For SFY 2007, approximately the same number of children will be placed with relatives.

Other Permanent Living – We anticipate approximately 700 older youth statewide being placed in other permanent living arrangements during SFY 2007.

Family Preservation – During SFY 2005, 1,728 families and 4,370 children statewide were accepted into IIS. We anticipated that similar numbers of children and families will be served during SFY 2007.

Family Support services will be provided to approximately 69,000 families statewide through family support services or related activities during 2007. Time Limited Reunification - Approximately 3,800 children will benefit from time limited reunification services in 2007, primarily in the metro regions and in the Northwest and Southwest regions of the state. The metro regions are served through contractors and by staff in rural areas. In 2007 eight additional contractors will be added to serve the rural regions.

Adoption - Approximately 1,200 children will receive adoption support services statewide during 2007.

3. Program Support

Training Plan - Staff Trained as of June 2006

Child Welfare Practice Basic Orientation Training

Class One-Family Centered Philosophy and Skills Training

8 Classes held with approximately 24 Children's Services Workers and case management contract staff attending each class. Total - 192 staff

Class Two-Child Abuse and Neglect Investigations/Family Assessments and Application of the Family Centered Philosophy and Skills for Intact Families

8 Classes held with approximately 24 Children's Services Workers and case management contract staff attending each class. Total - 192 staff

Class Three Expedited Permanency and the Family Centered Out of Home Care Process

8 Classes held with approximately 24 Children's Services Workers and case management contract staff attending each class. Total - 192 staff

Class Four- Reinforcement and Evaluation

8 Classes held with approximately 24 Children's Services Workers and case management contract staff attending each class. Total - 192 staff

Children's Division Systems Training

15 classes held with approximately 11 children's service front line staff per session. Total 165 staff

Core In-service Training for CD Front Line Supervisors and Workers

Investigation and Assessment Module

Supervisor session- 2 sessions held with approximately 29 staff per session. Total - 58 supervisors

Worker session - 4 sessions held with approximately 19 staff per session. Total- 76 workers

Family Centered Services Intact Families Module

Supervisor session- 2 sessions held with approximately 15 staff per session. Total- 30 supervisors
Worker session- 3 sessions held with approximately 15 staff per session. Total – 45 workers

Family Centered Out Of Home Care Module

Supervisor session- 1 session held with approximately 10 staff. Total 10 supervisors
Worker session- 1 session held with approximately 12 staff. Total 12 workers

Missouri State University- Children's Division Rural Child Welfare Grant Training

Approximately 5 classes were offered and provided through the grant for rural CD workers and supervisors. Sessions such as *The Effects of Abuse and Neglect on Child Development*, *Conflict Mediation*, *Working with the mentally ill Client*, *Cultural Competency*, and *Working with Adolescents* were conducted. Approximately 20 CD workers and supervisors were in attendance at each session. Total- 100 workers and supervisors

University of Missouri- Children's Division Role Demonstration Grant Training

A total of 30 front line supervisors from St. Louis County and the Southern Region of Missouri participated in the clinical supervision grant training which concluded March 2006.

Supervisor Training for Children's Division Supervisors Initial In-Service Human Resources Center Basic Orientation Supervisory Skills Training-BOSS

5 classes held with approximately 12 staff CD supervisors per session. Total- 60 supervisors.

Clinical Supervisor Training for CD Supervisors

As of June 06, 1 class held as an overview for circuit managers. Total- 25 circuit managers

3 additional sessions for remaining circuit managers and 10 front line supervisor sessions with approximately 20 staff per session are scheduled to begin July 2006 through June 2007.

Supervisor Training for CD Supervisors Ongoing In-Service

A variety of in-service modules have been offered and provided through the Department HRC unit as well as the Children's Division for the agency supervisors. Sessions such as *Civil Rights and Diversity*, *Prevention of Sexual Harassment*, *Customer Service*, *Effective Discipline* and *Teamwork* have been conducted at various sites across the state for all 8 divisions. Approximately 10 Children's Division supervisory staff was in attendance at each session.

Domestic Violence Training

8 classes held with approximately 20 CD staff per session. Total- 160 workers and supervisors

STARS Pre-Service Train the Trainer

7 classes held with approximately 25 per session. Total – 175 CD staff, teaching foster parents and contracted staff

STARS In-Service Train the Trainer

3 classes held with approximately 28 per session. Total- 84 CD staff, teaching foster parents, and contracted staff

Spaulding Adoption Train the Trainer

4 classes held with approximately 25 per session. Total- 100 CD staff, teaching foster parents and contracted staff

Office of State Court Administrator/Children's Division Collaborative Collaboration Workshop

1 session held comprised of 5 circuits with 6 staff per team which included representatives such as Children's Division workers and management staff, juvenile officers, and Judges. Total- 30 staff from CD and Juvenile Court

Concurrent Planning Workshop

1 session held with staff from CD and Juvenile court staff. Total- 124 CD workers, managers, juvenile officers and Judges

Courtroom Skills Workshop

6 sessions held with approximately 22 staff per session. Total- 132 CD and juvenile court staff

Educational Programs

State funding does not increase annually. However, while no new funds can be added to the program, funds are moved between the universities to take advantage of locations with qualified candidates. Generally, the number of students that graduate in May of one year is the number of new students that will be added in August of that same year. There are some exceptions, based on the transfer of funding, and on the withdrawal of some students prior to completion of the coursework and practicum of the degree.

The following table should illustrate the above request, by part-time only University.

Part-time MSW Programs

University	Currently Enrolled	May 2006 Grad	August 2006 New	May 2007 Grad	August 2007 New	May 2008 Grad	August 2008 New

UMKC	9	1	2	3	3	6	6
MSU	8	0	2	3	3	0	0
UMSL	13	2-Dec 05	3	4	4	4	4

The following table illustrates by part-time/full-time combination contract with the University of Missouri-Columbia, UMC. This is the contract and program that is changing from being a combination of full-time on campus and part-time distance learning to entirely part-time distance learning and adding a new site in the north central part of the state. Regular Standing students, persons with a degree other than the BSW, the part-time curriculum must be completed in 3-4 years. The Advanced Standing students, persons with a BSW degree received within the last 7 years, must complete the part-time degree requirements within 2 years.

Full-time/Part-Time Program, Currently Changing to Part-time Only

University	# enrolled full-time	# enrolled part-time	May 2006 Grad	Aug 2006 Start	Dec 2006 Grad	Jan 2007 Start/RS	May 2007 Grad	Jan 2008 Start/AS
UMC	12	NA	5 f-t	0	NA	NA	7 f-t	NA
UMC/SEMO (existing site)		10 p-t	NA	NA	10	Part of 28 new students	NA	Part of 20 new students
UMC/Northwest (existing site)	NA	1 p-t	NA	NA	1	Part of 28 new students	NA	Part of 20 new students
UMC/North Central (new site)	NA	0	NA	NA	NA	Part of 28 new Students	NA	Part of 20 new students

The distance learning part-time program coursework has been until now a combination of video conferencing and actual class time at one of the satellite universities. Current work is being done to study on-line courses as an addition to the above two delivery methods. Combining funding from the full-time program graduates of May 2006 and the funding of the part-time graduates of December 2006 will support 28 new staff beginning January 2007 in Regular Standing Status and 20 new staff in January 2008 in Advanced Standing Status.

The CD contracts with accredited universities. The division and the University work together to provide as much flexibility as possible, to meet the needs of the employee. However, practicum requirements must fall within the university accreditation standards of the Council on Social Work Education. A basic statement of those standards requires the employee to have different work and learning, with a different supervisor than when they entered the

education program. Local offices and circuit managers were challenged to look at ways to provide at least one in-office practicum, falling within the 40 hour work week, rather than the employee having to find two off site practicum opportunities within the course work time frame. In some locations, staff have promoted to the next supervisory level, around the time their practicum should start. Staff have exchanged jobs with a fellow employee for the duration of the practicum; regional managers have worked with the student and the university when a special research need exists. This has been approved as a practicum in some cases.

Since 1996, the BSW program has graduated 370 students. After graduation, 147 are still employed with 223 having resigned or retired, having repaid their time, plus additional time, or entering a financial repayment status.

University	# of students in contract	# of students currently enrolled	Estimated for next contract year
UM at St.Louis	8	7	8
Saint Louis University	5	5	4
William Woods	2	2	2
UM at Columbia	4	4	4
Missouri State University	10	10	10
Southeast MO State	4	4	4
Central MO State Un	8	4	8
Avila	2	0	0
Total	43	36	40

Recruitment for the BSW program is done on an individual basis within each of the universities. Each university has program support from Central office related to data and information about this specific program and programs around the county. An annual meeting is held to bring together university program directors and CD personnel to discuss the ongoing needs of this program.

The CD contracts with accredited universities. To meet the needs of the student, the Division and the University work together to provide a practicum site and responsibilities that create an active learning environment. However, practicum requirements must fall within the university accreditation standards of the Council on Social Work Education. Practicum requirements are usually defined by the workload typically assigned a new CD employee.



MATT BLUNT
GOVERNOR

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CHILDREN'S DIVISION
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RELAY MISSOURI
for hearing and speech impaired
TEXT TELEPHONE
1-800-735-2966
VOICE
1-800-735-2466

June 30, 2006

Linda Lewis, Regional Administrator
Department of Health and Human Services
Administration on Children and Families
601 East 12th Street, Room 276
Kansas City, MO 64106

Dear Ms. Lewis:

The Missouri Children's Division is the designated Title IV-B state agency to provide protective services to children and families. In accordance with the U.S. Department of Health and Human Services, Administration for Children and Families (ACF) requirements, Missouri is submitting electronically the 2006 Annual Progress and Services Report (APSR) and other supporting documentation that is listed in ACF Program Instruction ACYF-CB-PI-06-03 dated May 16, 2006. The Missouri APSR outlines the progress made in the previous year toward accomplishing the goals and objectives identified in the state's previously submitted 2005-2009 five-year Child and Family Services Plan (CFSP). The Program Improvement Plan goals and objectives are incorporated into this update.

The Annual Budget Request and Annual Summary of Child and Family Services, the CFS-101, CAPTA FY 2007 grant and Chafee Foster Care Independence Program FY 2007 funds are being forwarded as part of electronic transmittal. In addition, accompanying this letter is the signed CFS-101.

Thank you for your consideration of this material. If you are in need of any further information, feel free to contact me.

Sincerely,

Paula Neese
Interim Director

Enclosures

cc: Ann Burds



DEPARTMENT OF HEALTH & HUMAN SERVICES

Administration for Children and Families
Region VII

cc: Bonnie
Jan
Matt
Shari

Room 276, Federal Office Building
601 East 12th Street
Kansas City, Missouri 64105

September 7, 2006

RECEIVED

SEP 12 2006

Ms. Paula Neese, Interim Director
Children's Division
Missouri Department of Social Services
615 Howerton Ct.
Jefferson City, Missouri 65109

Dear Ms. Neese:

Missouri's Annual Progress and Services Report (APSR) for FFY 2007 has been received and reviewed. We are pleased to inform you that the report including the application for the Title IV-B FFY 2007 allotment, the CAPTA grant for FFY 2007, the Chafee Foster Care Independence Program State Plan for FFY 2007 and the Education and Training Vouchers (ETV) FFY 2007 Program is approved.

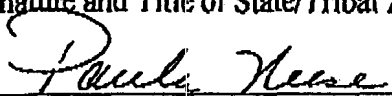
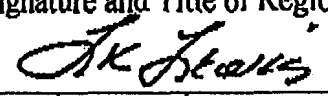
We wish you a very successful year serving Missouri's children and families.

If you have any questions, please contact Ann Burds at (816) 426-2260.

Sincerely,


Linda K. Lewis
Regional Administrator

**CFS-101, Part I: Annual Budget Request For Title IV-B, Subpart 1 & 2 Funds, CAPTA, Chafee Foster Care Independence Program (CFCIP) and Education and Training Vouchers (ETV):
Fiscal Year 2007, October 1, 2006 through September 30, 2007**

1. State or ITO: Missouri	2. EIN: 1-44-6000-0987-E4
3. Address: Missouri Department of Social Services Childrens Division P.O. Box 88 Jefferson City, MO 65103	4. Submission: [x] New [] Revision
5. Estimated Federal title IV-B, Subpart 1 Funds.	\$ 5,813,759
6. Total Estimated Federal title IV-B, Subpart 2 Funds. (This amount should equal the sum of lines a - f.)	\$ 9,134,254
a) Total Family Preservation Services.	\$ 3,379,674
b) Total Family Support Services.	\$ 5,206,525
c) Total Time-Limited Family Reunification Services.	\$ 548,055
d) Total Adoption Promotion and Support Services.	\$ 0
e) Total for Other Service Related Activities (e.g. planning).	\$ 0
f) Total Administration (not to exceed 10% of estimated allotment).	\$ 0
7. Re-allotment of Title IV-B, Subpart 2 funds for State and Indian Tribal Organizations	
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the Promoting Safe and Stable Families program. \$ 0	
b) If additional funds become available to States and ITOs, specify the amount of additional funds the State or Tribes is requesting. \$ 4,075,093	
8. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required)	
Estimated Amount \$ 520,093, plus additional allocation, as available.	
9. Estimated Chafee Foster Care Independence Program (CFCIP) funds.	\$ 3,863,678
10. Estimated Education and Training Voucher (ETV) funds.	\$ 1,027,197
11. Re-allotment of CFCIP and ETV Program Funds:	
a) Indicate the amount of the State's allotment that will not be required to carry out CFCIP \$ 0.	
b) Indicate the amount of the State's allotment that will not be required to carry out ETV \$ 0.	
c) If additional funds become available to States, specify the amount of additional funds the State is requesting for CFCIP \$ 0 for ETV program \$ 0.	
12. Certification by State Agency and/or Indian Tribal Organization. The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the ACF Regional Office, for the Fiscal Year ending September 30.	
Signature and Title of State/Tribal Agency Official 	Signature and Title of Regional Office Official 
Date 06-7-06	Date 9/8/06

State or IT Missouri

For FFY OCTOBER, 2006 TO SEPTEMBER 30, 2007

											(k) NUMBER TO BE SERVED [] Families [] Individuals	(l) POP. TO BE SERVED	(m) GEOG. AREA TO BE SERVED
SERVICES/ACTIVITIES	TITLE IV-B		(c) CAPTA*	(d) CFCIP* including ETV	(e) TITLE IV- E	(f) TITLE XX (SSBG)	(g) TITLE IV-A (TANF)	(h) Title XIX (Medicaid)	(i) Other Fed Prog	(j) State Local Donated Funds			
	(a) I-CWS	(b) II-PSSF											
1) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	1,162,752	5,206,525	520,093			25,748,485	82,575,463		118,947,917	89,780,225		Reports of abuse/neglect	Statewide/Reservation
2) PROTECTIVE SERVICES								46,476,245		30,984,163			
3) CRISIS INTERVENTION (FAMILY PRESERVATION)		3,379,674								1,126,558			
(A) PREPLACEMENT PREVENTION												All children in foster care	Statewide/Reservation
(B) REUNIFICATION SERVICES													
4) TIME-LIMITED FAMILY REUNIFICATION SERVICES		548,055								182,685			
5.) ADOPTION PROMOTION AND SUPPORT SERVICES		0										All eligible children	Statewide/Reservation
6) FOSTER CARE MAINTENANCE: (A) FOSTER FAMILY & RELATIVE FOSTER CARE					23,704,756					15,156,139			
(B) GROUP/INST CARE					7,584,934					4,849,384			Statewide/Reservation
7) ADOPTION SUBSIDY PMTS.					25,136,640					16,070,966			
8) INDEPENDENT LIVING SERVICES				4,890,875						1,018,819			
9) ADMIN & MGMT	4,244,044				38,537,128					39,951,809			
10) STAFF TRAINING	406,962				9,408,182					3,271,715			
11) FOSTER PARENT RECRUITMENT & TRAINING													
12) ADOPTIVE PARENT RECRUITMENT & TRAINING													
13) CHILD CARE RELATED TO EMPLOYMENT/TRAINING													
14) TOTAL	5,813,759	9,134,254	520,093	4,890,875	104,371,640	25,748,485	82,575,463	46,476,245	118,947,917	202,392,464			

* States Only, Indian Tribes are not required to include information on these programs